## 2004 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

**FILED** Feb 27, 2004 8:00 am

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DOCUMENT # N9400002849  1. Entity Name HAINES CITY MERCHANTS AND BUSINESS ASSOCIATION, INC.			. 1	02-27-2004 90038 005 ****61.25			
Principal Place of Business 12 N. 5TH ST. HAINES CITY, FL 33844		Mailing Address 12 N. 5TH ST. HAINES CITY, FL. 33844			94022096		
	ace of Business	3. Mailing Address	th ct				
Suite, Apt. #, etc. HAINES CITY, FL		Suite, Apt. #, etc. HAINES CITY, FL			hg-NP CF	R2E037 (10/03)	
City & State 3ろ844		City & State 33844		4. FEI Number 59-325208	39		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Required	
	5. Name and Address of Current	Registered Agent		7. Name and Add	irese of New Regist	ered Agent	<del>-</del>
VANDIVER, FRANCES 12 N. 5TH ST.				Name VANDIVER, FRANCES  Street Address (P.O. Box Number is Not Acceptable)			
	ITY, FL 33844	,		Officer Address (1.0, Don Hamber to Har Acceptable)			
			City	HOINIS CITU FL ZIP COOR ANN			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept							
the obligations of registered agent.							
SIGNATURE Transces Candwill Treasurer  Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE							
SIGNATURE 2	Signature, typed or printed name of registered agent	and title if applicable (NOTF: F	Registered Agent signature	required when reinstating)	7	DATE	<del></del>
SIGNATORE		<del></del>	<del></del>		Make	DATE	<b>a</b> :
SIGNATORE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	and title if applicable. (NOTE: F  9. Election Camp  Trust Fund Co	paign Financing	\$5.00 May Be		DATE  check payable to Department of St	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing	_ \$5.00 May Be	Florida D	Department of St	tate
10.	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Florida D	Department of St	tate
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF P LAWHORN, TIM	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Florida D	Department of St	iate 1
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TO.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF P LAWHORN, TIM 137 HICKORY DRIVE HAINES CITY, FL V HALL, JAYNE 627 INGRAHAM AVE HAINES CITY, FL S CROMER, BOBBIE	9. Election Camp Trust Fund Co	naign Financing ntribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	Florida C	Department of St  ND DIRECTORS IN  Change	10 Addition
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF P LAWHORN, TIM 137 HICKORY DRIVE HAINES CITY, FL V HALL, JAYNE 627 INGRAHAM AVE HAINES CITY, FL S CROMER, BOBBIE 121 N 8TH STREET	9. Election Camp Trust Fund Co	naign Financing ntribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	Florida C	Department of St  ND DIRECTORS IN  Change	10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: