

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90038 005 ****61.25

DOCUMENT # N94000002849



1. Entity Name
**HAINES CITY MERCHANTS AND BUSINESS
ASSOCIATION, INC.**

Principal Place of Business
**12 N. 5TH ST.
HAINES CITY, FL 33844**

Mailing Address
**12 N. 5TH ST.
HAINES CITY, FL 33844**

94022096



2. Principal Place of Business

107 N. 6th St.

Suite, Apt. #, etc.

HAINES CITY, FL

City & State

33844

Zip

Country

3. Mailing Address

107 N. 6th St.

Suite, Apt. #, etc.

HAINES CITY, FL

City & State

33844

Zip

Country

02242004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3252089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VANDIVER, FRANCES
12 N. 5TH ST.
HAINES CITY, FL 33844**

7. Name and Address of New Registered Agent

Name

VANDIVER, FRANCES

Street Address (P.O. Box Number is Not Acceptable)

107 N. 6th St

City

HAINES CITY

FL

Zip Code

33844

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

Frances Vandiver Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAWHORN, TIM	
STREET ADDRESS	137 HICKORY DRIVE	
CITY-ST-ZIP	HAINES CITY, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, JAYNE	
STREET ADDRESS	627 INGRAHAM AVE	
CITY-ST-ZIP	HAINES CITY, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROMER, BOBBIE	
STREET ADDRESS	121 N 8TH STREET	
CITY-ST-ZIP	HAINES CITY, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	VANDIVER, FRANCES	
STREET ADDRESS	12 N. 5TH ST.	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, BOBBIE	
STREET ADDRESS	121 N. 8th St.	
CITY-ST-ZIP	HAINES CITY, FL	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDIVER, FRANCES	
STREET ADDRESS	107 N. 6th St.	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Frances Vandiver* **FRANCES Vandiver** **2/24/04** **863-419-8137**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #