

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002849

FILED
Feb 26, 2009
Secretary of State

Entity Name: HAINES CITY MERCHANTS AND BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

706 INGRAHAM AVE.
HAINES CITY, FL 33844

New Principal Place of Business:

200 F. STREET, SOUTH
HAINES CITY, FL 33844

Current Mailing Address:

706 INGRAHAM AVE.
HAINES CITY, FL 33844

New Mailing Address:

200 F. STREET, SOUTH
HAINES CITY, FL 33844

FEI Number: 59-3252089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDIVER, FRANCES
706 INGRAHAM AVE.
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

VANDIVER, FRANCES
107 NORTH 6TH STREET
HAINES CITY, FL 33844 US

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.

SIGNATURE: FRANCIS VANDIVER

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAWHORN, TIM
Address: 137 HICKORY DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: V () Delete
Name: HALL, JAYNE
Address: 627 INGRAHAM AVE
City-St-Zip: HAINES CITY, FL 33844

Title: S () Delete
Name: FREEMAN, BOBBIE
Address: 708 JONES AVE
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: VANDIVER, FRANCES
Address: P.O. BOX 2009
City-St-Zip: HAINES CITY, FL 33845

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRINCE, BRUCE
Address: 200 F. STREET, SOUTH
City-St-Zip: HAINES CITY, FL 33844

Title: V (X) Change () Addition
Name: LEARY, STEVE
Address: 8687 W. IRLO BRONSON MEMORIAL HWY STE 200
City-St-Zip: KISSIMMEE, FL 34747

Title: S (X) Change () Addition
Name: FREEMAN, DARREN
Address: 605 JONES AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: T (X) Change () Addition
Name: MCCARTER, ELLEN
Address: 36250 HIGHWAY 27
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN MCCARTER

T

02/26/2009

Electronic Signature of Signing Officer or Director

Date