

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011494

**Entity Name:** HISTORIC PUGHSVILLE ASSOCIATION, INC.

**Current Principal Place of Business:**

1360 2ND ST NE  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

P O BOX 3775  
WINTER HAVEN, FL 33881

**FEI Number:** 20-5931700

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RAWLS, LEON V  
2304 9TH ST NE  
WINTER HAVEN, FL 33881 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PEARSALL, EARL  
Address 1005 WEST LAKE HAMILTON DRIVE  
City-State-Zip: WINTER HAVEN FL 33881

Title VP  
Name ATKINS, ROBERT  
Address 380 STERLING DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title T  
Name RAWLS, LEON V  
Address 2304 9TH ST NE  
City-State-Zip: WINTER HAVEN FL 33881

Title S  
Name REDDICK, CATHERINE  
Address 211 MELINDA AVE  
City-State-Zip: DUNDEE FL 33838

Title D  
Name GEATHERS, JUANITA  
Address 346 AVE O SW  
City-State-Zip: WINTER HAVEN FL 33884

Title D  
Name SMITHFILEDS, PATRICIA  
Address 139 VARNER DR. S.W.  
City-State-Zip: WINTER HAVEN FL 33880

*I hereby 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 all other like empowered.*

**SIGNATURE: LEON V RAWLS**

**TREASURE**

**01/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date