

2013 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**TREASURY****04/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date