

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90103 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 704581**  
 1. Entity Name  
**HAVENDALE CHRISTIAN CHURCH, INC.**

Principal Place of Business      Mailing Address  
**3900 LAKE BLUE DR N W**      **3900 LAKE BLUE DR N W**  
**WINTER HAVEN FL 33881-1093**      **WINTER HAVEN FLA 33881-1093**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-6143147**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEAVITT, RALPH**  
**2626 TRINITY CIRCLE, N.W.**  
**WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>LEAVITT, RALPH</b>
STREET ADDRESS	<b>2626 TRINITY CR., N.W.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>PEDIGO, VIC</b>
STREET ADDRESS	<b>1513 ST. RD. 559, LELYNN PARK</b>
CITY-ST-ZIP	<b>POLK CITY FL</b>
TITLE	<b>SDT</b> <input type="checkbox"/> Delete
NAME	<b>ANDERSON, ROGER</b>
STREET ADDRESS	<b>124 WALDEMAR CRT.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>JACKSON, GENE</b>
STREET ADDRESS	<b>115 PARADISE LANE</b>
CITY-ST-ZIP	<b>AUBURNDALE FL</b>
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	<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	<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: *Ralph Leavitt*      **SIGNATURE REQUIRED**      *April 18, 2000*      *863-967-0046*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)