

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90025 005 \*\*\*\*61.25

**DOCUMENT # 704581**



1. Entity Name

**HAVENDALE CHRISTIAN CHURCH, INC.**

Principal Place of Business

Mailing Address

**3900 LAKE BLUE DR N W  
 WINTER HAVEN FL 33881-1093**

**3900 LAKE BLUE DR N W  
 WINTER HAVEN FL 33881-1093**

**76900**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6143147**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEAVITT, RALPH  
 2626 TRINITY CIRCLE, N.W.  
 WINTER HAVEN FL 33881**

Name **Roger C. Anderson**

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

**124 Waldemar Ct., S.E.**

City **Winter Haven** **FL** Zip Code **33884**

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.

**Roger C. Anderson**

**July 17, 2001**

SIGNATURE

*Roger C. Anderson*

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**  
**After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C**  Delete  
 NAME **LEAVITT, RALPH**  
 STREET ADDRESS **2626 TRINITY CR., N.W.**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **Chairman**  Change  Addition  
 NAME **Roger C. Anderson**  
 STREET ADDRESS **124 Waldemar Ct., S.E.**  
 CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **VD**  Delete  
 NAME **PEDIGO, VIC**  
 STREET ADDRESS **1513 ST. RD. 559, LELYNN PARK**  
 CITY-ST-ZIP **POLK CITY FL**

TITLE **Director**  Change  Addition  
 NAME **Don Erdman**  
 STREET ADDRESS **528 Tanglewood Drive**  
 CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **SDT**  Delete  
 NAME **ANDERSON, ROGER**  
 STREET ADDRESS **124 WALDEMAR CRT.**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **Director**  Change  Addition  
 NAME **Max Burket**  
 STREET ADDRESS **Lake Side Ranch #7**  
 CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **PD**  Delete  
 NAME **JACKSON, GENE**  
 STREET ADDRESS **115 PARADISE LANE**  
 CITY-ST-ZIP **AUBURNDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Roger C. Anderson*

*July 17, 2001 863-325-856*

CR2E037 (5/01)