


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 23, 2005 08:00 AM
Secretary of State

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



Principal Place of Business 3900 LAKE BLUE DR N W WINTER HAVEN, FL 33881-1093	Mailing Address 3900 LAKE BLUE DR N W WINTER HAVEN, FL 33881-1093
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04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6143147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, ROGER C
 124 WALDEMAR CT., S.E.
 WINTER HAVEN, FL 33884

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

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

00000325126
 04/23/05-80003-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANDERSON, ROGER C 124 WALDEMAR CT., S.E. WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERDMAN, DON 528 TANGLEWOOD DRIVE AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKET, MAX LAKE SIDE RANCH #7 WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, GENE 115 PARADISE LANE AUBURDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Chairman / 18/05 863-325-8656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #