

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
**3900 LAKE BLUE DR NW**      **3900 LAKE BLUE DR NW**  
**WINTER HAVEN, FL 33881-1093**      **WINTER HAVEN, FL 33881-1093**

**DO NOT WRITE IN THIS SPACE**



03302006 No Chg-NP      CR2E037 (11/05)

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$81.25**  
**Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE      C  
NAME      **ANDERSON, ROGER C**  
STREET ADDRESS      **124 WALDEMAR CT., S.E.**  
CITY-ST-ZIP      **WINTER HAVEN, FL 33884**

TITLE      D  
NAME      **ERDMAN, DON**  
STREET ADDRESS      **528 TANGLEWOOD DRIVE**  
CITY-ST-ZIP      **AUBURDALE, FL 33823**

TITLE      D  
NAME      **BURKET, MAX**  
STREET ADDRESS      **LAKE SIDE RANCH #7**  
CITY-ST-ZIP      **WINTER HAVEN, FL 33881**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/27/06-80099-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-06**      **(863) 325-8656**  
Date      Daytime Phone #