

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 MAY -1 PM 6:44

DOCUMENT # 732989 (9)

1. Corporation Name

HOLY CROSS CHURCH OF WINTER HAVEN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
201 KIPLING LANE 201 KIPLING LANE
WINTER HAVEN FL 33884 WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/06/1975	3a. Date of Last Report 05/20/1994
4. FEI Number 59-1611416	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Zip

9. Name and Address of Current Registered Agent
**DOAN, ANDREW S
201 KIPLING LANE
WINTER HAVEN FL 33884**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	WERSTAK, JAMES WOLFE, CHRIS
STREET ADDRESS	270 HERNANDO
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	TD
NAME	MARTINEAU, RICHARD
STREET ADDRESS	1146 INTERLOCHEN PARKWAY BLVD
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	DVP
NAME	MCCARTHY, MAURICE
STREET ADDRESS	10 LAKE LIND DR
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	P
NAME	DOAN, ANDREW S
STREET ADDRESS	201 KIPLING LANE
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	T
NAME	MARTINEAU, RICHARD W
STREET ADDRESS	1146 INTERLOCHEN BLVD
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	WOLFE, CHRIS
13. STREET ADDRESS	1955 BISHOP'S GATE SW
14. CITY - ST - ZIP	WINTER HAVEN, FL 33880
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	300001472853
23. STREET ADDRESS	-05/03/95--01051--014
24. CITY - ST - ZIP	*****61.25 *****61.25
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	5-1
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Martineau 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature 15mm x 8)