

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **732989** (9)
1. Corporation Name
HOLY CROSS CHURCH OF WINTER HAVEN, INC.



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

3. Date Incorporated or Qualified: **06/06/1975**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1611416**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed in name of registered agent and certified applicable (NONE - Registered Agent Signature required when translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD
NAME	WOLFE, CHRIS	1.2 NAME	HEADLAND, CHARLES
STREET ADDRESS	1955 BISHOP'S GATE S.W.	1.3 STREET ADDRESS	1822 Ave. O SW
CITY - ST - ZIP	WINTER HAVEN FL 33880	1.4 CITY - ST - ZIP	Winter Haven, FL 33880
TITLE	TD	2.1 TITLE	Change
NAME	MARTINEAU, RICHARD	2.2 NAME	MOORE, ELEANOR
STREET ADDRESS	1146 INTERLOCHEN BLVD.	2.3 STREET ADDRESS	457 LAS CRUCES
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	DVP	3.1 TITLE	Change
NAME	MCCARTHY, MAURICE	3.2 NAME	WALTON, M. LEE
STREET ADDRESS	10 LAKE LIND DR	3.3 STREET ADDRESS	P.O. BOX 822
CITY - ST - ZIP	WINTER HAVEN FL	3.4 CITY - ST - ZIP	EAGLE LAKE, FL 328939
TITLE	P	4.1 TITLE	Change
NAME	DOAN, ANDREW S	4.2 NAME	
STREET ADDRESS	201 KIPLING LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	Change
NAME	MARTINEAU, RICHARD W	5.2 NAME	SCHAFFNER, FRANK
STREET ADDRESS	1146 INTERLOCHEN BLVD	5.3 STREET ADDRESS	5924 GREY FOX DRIVE
CITY - ST - ZIP	WINTER HAVEN FL	5.4 CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE		6.1 TITLE	Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

1.5 CITY - ST - ZIP	
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1.19 CITY - ST - ZIP	
1.20 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: *M. Lee Walton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. Lee Walton

February 2, 1996 941-294-6310
Date Telephone #

CR2E037 (12/95)