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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

201 KIPLING LANE
WINTER HAVEN FL 33884

201 KIPLING LANE
WINTER HAVEN FL 33884-2316

3. Date Incorporated or Qualified
06/06/1975

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1611416

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22

27

City & State

City & State

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

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOAN, ANDREW S
201 KIPLING LANE
WINTER HAVEN FL 33884

81 Name

Thomas C. Floyd

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

1552 6th Street, SE

83

84 City

Winter Haven

FL

85 Zip Code
33880

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 Thomas C. Floyd, Director Vice President 2/17/97 DATE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME SD
STREET ADDRESS HEADLAND, CHARLES
CITY-ST-ZIP 1822 AVE O SW
WINTER HAVE FL

1.1 TITLE Change Addition
1.2 NAME Secretary
1.3 STREET ADDRESS Chris Wolfe
1.4 CITY-ST-ZIP 1955 Bishop's Gate SW
Winter Haven, FL 33880

TITLE DELETE
NAME T
STREET ADDRESS MOORE, ELEANOR
CITY-ST-ZIP 457 LAS CRUCES
WINTER HAVEN FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME DVP
STREET ADDRESS WALTON, LEE M
CITY-ST-ZIP P OBOX 822
EAGLE LAKE FL

3.1 TITLE Change Addition
3.2 NAME DVP
3.3 STREET ADDRESS Floyd, Tom C.
3.4 CITY-ST-ZIP 1556 6th Street, SE
Winter Haven, FL 33880

TITLE DELETE
NAME P
STREET ADDRESS DOAN, ANDREW S
CITY-ST-ZIP 201 KIPLING LANE
WINTER HAVEN FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME DVP
STREET ADDRESS SCHAFFNER, FRANK
CITY-ST-ZIP 5924 GREY FOX DR
WINTER HAVEN FL

5.1 TITLE Change Addition
5.2 NAME DVP
5.3 STREET ADDRESS Gordon, John
5.4 CITY-ST-ZIP 214 Kilmer Lane
Winter Haven, FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: Thomas C. Floyd 941-324-4021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0064885

CF2E037 (9/96)