

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732989 (9)**  
1. Corporation Name  
**HOLY CROSS CHURCH OF WINTER HAVEN, INC.**



Principal Place of Business <b>201 KIPLING LANE WINTER HAVEN FL 33884</b>	Mailing Address <b>201 KIPLING LANE WINTER HAVEN FL 33884</b>
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3. Date Incorporated or Qualified <b>06/06/1975</b>	Applied For Not Applicable
4. FEI Number <b>59-1611416</b>	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THOMAS C FLOYD  
1552 6TH ST SE  
WINTER HAVEN FL 33880**

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 617.1506, 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  
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	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHRIS WOLFE</b>
STREET ADDRESS	<b>1955 BISHOP'S GATE SW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MOORE, ELEANOR</b>
STREET ADDRESS	<b>457 LAS CRUCES</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE
NAME	<b>FLOYD, TOM C</b>
STREET ADDRESS	<b>1556 6TH ST SE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>DOAN, ANDREW S</b>
STREET ADDRESS	<b>201 KIPLING LANE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE
NAME	<b>GORDON, JOHN</b>
STREET ADDRESS	<b>214 KILNER LANE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Sandy Allen</b>
1.3 STREET ADDRESS	<b>42 Berna Circle</b>
1.4 CITY-ST-ZIP	<b>Winter Haven FL 33884</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 # 0000000

CRE007 (10/97)