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Mar 14, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732989

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/06/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1611416
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
Charles Allen
 82 Street Address (P.O. Box Number is Not Acceptable)
42 Berna Circle
 83
 84 City
Winter Haven **FL** 85 Zip Code
33884

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 Charles Allen **Charles Allen, 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	S	<input checked="" type="checkbox"/> DELETE
NAME	SANDY ALLEN	
STREET ADDRESS	42 BERNA CIR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOORE, ELEANOR	
STREET ADDRESS	457 LAS CRUCES	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	FLOYD, TOM C	
STREET ADDRESS	1556 6TH ST SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DOAN, ANDREW S	
STREET ADDRESS	201 KIPLING LANE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, JOHN	
STREET ADDRESS	214 KILNER LANE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jenna Lundy-Schmidt	
1.3 STREET ADDRESS	137 Stevenson Rd	
1.4 CITY-ST-ZIP	Winter Haven, FL 33884	
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	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charles Allen	
3.3 STREET ADDRESS	42 Berna Circle	
3.4 CITY-ST-ZIP	Winter Haven, FL 33884	
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	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James Cobb	
5.3 STREET ADDRESS	3457 Lakeview Dr	
5.4 CITY-ST-ZIP	Winter Haven, FL 33884	
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, with all other like empowered.

SIGNATURE: Charles Allen **REQUIRED** Charles Allen 3/8/99 941-324-4021
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)