

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732989

1. Entity Name

HOLY CROSS CHURCH OF WINTER HAVEN, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90040 018 ****61.25

Principal Place of Business 201 KIPLING LANE WINTER HAVEN FL 33884	Mailing Address 201 KIPLING LANE WINTER HAVEN FL 33884-2316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1611416	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ALLEN, CHARLES
42 BERNA CIR
WINTER HAVEN FL 3338

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	S <input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, JENNA LUNDY
STREET ADDRESS	137 STEVENSON RD
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 type="checkbox"/> Delete
NAME	ALLEN, CHARLES
STREET ADDRESS	42 BERNA CIR
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	P <input type="checkbox"/> Delete
NAME	DOAN, ANDREW S
STREET ADDRESS	201 KIPLING LANE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	DVP <input type="checkbox"/> Delete
NAME	COBB, DAVID
STREET ADDRESS	42 BERNA CIR
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETH KINGHAM
STREET ADDRESS	905 AVE V SE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **3-12-2000 863.324-4966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)