
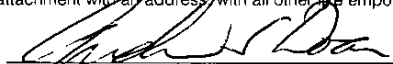


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90051 027 \*\*\*\*61.25

<b>DOCUMENT # 732989</b>						
1. Entity Name <b>HOLY CROSS CHURCH OF WINTER HAVEN, INC.</b>						
Principal Place of Business <b>201 KIPLING LANE WINTER HAVEN, FL 33884</b>		Mailing Address <b>201 KIPLING LANE WINTER HAVEN, FL 33884</b>				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number <b>59-1611416</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr><td>Applied For</td></tr> <tr><td>Not Applicable</td></tr> </table>	Applied For	Not Applicable
Applied For						
Not Applicable						
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
<b>DOAN, ANDREW S</b> <b>201 KIPLING LANE</b> <b>WINTER HAVEN, FL 33884</b>			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City			
			<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr><td><b>Make check payable to Florida Department of State</b></td></tr> </table>	<b>Make check payable to Florida Department of State</b>	
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>SIMMONDS, LARRY L</b>	NAME	<b>Sandy Allen</b>			
STREET ADDRESS	<b>11 LAKE LINK DRIVE</b>	STREET ADDRESS	<b>41 Berna Cir</b>			
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33884</b>	CITY-ST-ZIP	<b>Winter Haven, FL 33884</b>			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>DOAN, ANDREW S</b>	NAME				
STREET ADDRESS	<b>201 KIPLING LANE</b>	STREET ADDRESS				
CITY-ST-ZIP	<b>WINTER HAVEN, FL</b>	CITY-ST-ZIP				
TITLE	SW <input checked="" type="checkbox"/> Delete	TITLE	SW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>ZELLER, JIM</b>	NAME	<b>Bill Johnson</b>			
STREET ADDRESS	<b>308 HERNANDO DR</b>	STREET ADDRESS	<b>261 Chalet Estates St</b>			
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33884</b>	CITY-ST-ZIP	<b>Lake Wales FL 33859</b>			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.						
<b>SIGNATURE:</b> 		<i>Feb. 12, 2007</i>	<b>863-324-4021</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #			