
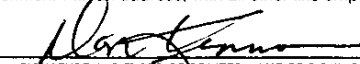


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90016 001 \*\*\*\*61.25

<b>DOCUMENT # 732989</b>					
1. Entity 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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1611416	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>DOAN, ANDREW S</del> <del>201 KIPLING LANE</del> <del>WINTER HAVEN, FL 33884</del>			Name: Don Kennon Street Address (P.O. Box Number is Not Acceptable): 201 Kipling Lane City: Winter Haven FL 33884		
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</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, SANDY		NAME	Bill Stark	
STREET ADDRESS	41 BERNA CIR		STREET ADDRESS	173 Lake Otis Rd.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	Deacon Betty Harrison	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOAN, ANDREW S		NAME	215 S. Lake Florence Dr.	
STREET ADDRESS	201 KIPLING LANE		STREET ADDRESS	Winter Haven, FL 33884	
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	SW	<input checked="" type="checkbox"/> Delete	TITLE	Senior Warden	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BILL		NAME	Don Kennon	
STREET ADDRESS	261 CHALET ESTATES ST		STREET ADDRESS	1226 Cypress Point E.	
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP	Winter Haven, FL 33884	
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.					
SIGNATURE: 			Date: 3/20/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40054800



01292008 Chg-NP CR2E037 (12/06)