

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 11, 2005  
Secretary of State

DOCUMENT# N01000004000

Entity Name: WINTER HAVEN FELLOWSHIP, INC.

**Current Principal Place of Business:**

401 E LAKE HOWARD DR  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1016  
WINTER HAVEN, FL 338821016 US

**New Mailing Address:**

FEI Number: 59-3703838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ENNIS, BUD  
200 EL CAMINO DR  
305  
WINTER HAVEN, FL 338841616 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O ( ) Delete  
Name: ENNIS, BUD TREASUR  
Address: 200 EL CAMINO DR STE 305  
City-St-Zip: WINTER HAVEN, FL 338841616 US

Title: O ( ) Delete  
Name: ENNIS, BEVERLY SEC  
Address: 200 EL CAMINO STE 305  
City-St-Zip: WINTER HAVEN, FL 338841616

Title: O ( ) Delete  
Name: VERLOOVE, ED PRESIDE  
Address: 1518 17TH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: O ( ) Delete  
Name: COLEMAN, LYNN VP  
Address: 2157 GREENWAY DR  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: O ( ) Delete  
Name: BAKER, SPURGEON O  
Address: 313 AVE Y NE  
City-St-Zip: WINTER HAVEN, FL 33880 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUD ENNIS

O

01/11/2005

Electronic Signature of Signing Officer or Director

Date