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## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0100004000

1. Entity Name

WINTER HAVEN FELLOWSHIP, INC.



Principal Place of Business Mailing Address 1509 W LAKE CANNON DR NW 1509 W LAKE CANNON DR NW 11000000 WINTER HAVEN FL 33881-3303 WINTER HAVEN FL 33881-3303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3703838 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEYANT, NED-Street Address (P.O. Box Number is Not Acceptable) 1509 W LAKE CANNON DR NW WINTER HAVEN FL 33881-3303 City Zip Code 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 SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Addition WEYANT, NED NAME NAME STREET ADDRESS 1509 W LAKE CANNON DR NW STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33881-3303 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALLEN, RICHARD NAME NAME STREET ADDRESS 1419 JULIAN CV LOT 19 STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 33823-4063 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition ennis, Waltroe R NAME 200 EL CAMINO STE 305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE. ☐ Change Addition NAME NAME STREET ADDRESS

12. Thereby 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED SIGNATURE:

CITY-ST-ZIP