


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90187 003 ****61.25

DOCUMENT # N050000100317

1. Entity Name
CHRISTIAN WORSHIP CENTER OF CENTER HILL, INC.



Principal Place of Business Mailing Address
5700 C.R. 746-S **5700 C.R. 746-S**
WEBSTER FL 33597 **WEBSTER FL 33597**



2. Principal Place of Business 3. Mailing Address
579 S. VIRGINIA AVE **P.O. BOX 83**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
CENTER HILL, FL **CENTER HILL, FL**
 Zip Country Zip Country
33514-4107 **33514-0083**

4. FEI Number Applied For
20-3733421 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SCOTT, DAVID
5700 C.R. 746-S
WEBSTER FL 33597

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARAWAY, LAWRENCE WAYNE	
STREET ADDRESS	1003 TANNER ROAD,	
CITY - ST - ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, DAVID	
STREET ADDRESS	5700 CR 746-S	
CITY - ST - ZIP	WEBSTER FL 33597	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, DONNA	
STREET ADDRESS	2146 GOODEN PLACE	
CITY - ST - ZIP	GROVELAND FL 34736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 exemptions contained in Section 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 517, 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: *David Scott*

4-24-06 (352) 793-5186