


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010931 1. Entity Name CHRISTIAN WORSHIP CENTER OF CENTER HILL, INC.	
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Principal Place of Business 579 S VIRGINIA AVE CENTER HILL FL 33514	Mailing Address P O BOX 83 CENTER HILL FL 33514
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

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 _____
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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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete CARAWAY, LAWRENCE WAYNE 1003 TANNER ROAD, PLANT CITY FL 33566	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000738886 05/14/07-80002-021 61.25
NAME	D <input type="checkbox"/> Delete SCOTT, DAVID 5700 CR 746-S WEBSTER FL 33597	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D <input type="checkbox"/> Delete WARD, DONNA 2146 GOODEN PLACE GROVELAND FL 34736	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	D <input type="checkbox"/> Delete	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *David Scott* / **DAVID SCOTT** 4-25-07 352-793-5186