FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 713841 (5)								
WINTER HAVEN CHRISTIAN CHURCH, INC.								
Principal Place of Business Malling Address						t sants tornt tibre tibbt filts albes tift bifft filt b	-211 61611 616	III WIWN 1401
301 6TH ST N WINTER HAVE	E N FL 33881-4261	301 6TH ST NE WINTER HAVEN FL 33881 4261		3. Date Incorporated or Qualified 12/22/1967 4. FEI Number		plied For		
						59-1288591	No	Applicable
2. Principal P	lace of Business	2a. Malling Address 26					8.75 A Fee Re	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5.00 M	
27			 				Added to	
City & State		City & State				7. Is this nonprofit corporation a homeowners as	No	
Zip 24	Country	Zip	Count	ry		8. This corporation owes or has paid the current Research Property Tay due 1 upo 20		ingible No
24	9. Name and Address of Current		30			Personal Property Tax due June 30. 10. Name and Address of New Registered Age		I NO
-	g, trains and Ago. or or out on	Hogistered Agent	8	1	Name	10. Hallie and Madrets of Heat He State of Ma		
IAINIA DAMAANA								···
JOHNS, RAYMOND 224 W. LAKE HOWARD DRIVE				2	Street Addr	ess (P.O. Box Number is Not Acceptable)		
WINTER HAVEN FL 33880			8	3				
WHITEH HAVEN I E 65000				4	Oite		= 1 3½ C	la da
				٩	City	FL	15 Zip C	ode
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE								
12.	Signature, typed or printed name of registered agent and fille if applicable (NOTE: Re OFFICERS AND DIRECTORS			gent	t signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DI	DECTOR	S INL 10
TOTLE	TD OFFICERS AND	DINECTORS	13.	_		······································	Change	Addition
NAME				1.2 NAME			27	
STREET ADDRESS	901 LAKE MARTHA DR., N.E		1.3 STAE		DDRESS			
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY					
TITLE	DP			2.1 TITLE D		P	Change	Addition
NAME	GAVES, DAVID		2.2 NAME	2.2 NAME J		im Walker	`	
STREET ADDRESS	813 CARTTON COURT		2.3 STRE			16 Nancy Drive		
CITY-ST-ZIP	WINER HAVEN FL		2. 4 CITY			aines City, FL 33844		
TITLE	SD	☐ DELETË		3.1 TITLE		Li	Change	■ Addition
NAME	JOHNS, RAYMOND		3.2 NAMI	Ē				
STREET ADDRESS	224 W LAKE HOWARD DR		3.3 STRE					
CITY-ST-ZIP TITLE	WINTER HAVEN FL	DELETE	3.4. CITY 4.1 TITLE		- ZIP	>	Change	Addition
	DOCOCOM DAVMOND I	PSOLUTE			D	•	Cuanto	LI Vanicion
NAME STREET ADDRESS	EPPERSON, RAYMOND J 13 TERA LANE S.W.					en Irven		
CITY-ST-ZIP	WINTER HAVEN FL				_ J	810 Gaines Drive		
TITLE	**************************************	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			linter Haven, FL 33884 _	Change	Addition
NAME			5.2 NAME		[_	•	i
STREET ADDRESS			5.3 STREE		DORESS			
CITY-ST-ZIP	_		5.4 CITY-				_	
TITLE	:.	DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	:	1	7		
CTOCCT ADDRESS			e a cype		nnorce			

14. I hereby 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 annual report or supplemental annual 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if Changed, or or an attachment with an address.

IGNATURE: 1011/1/1/1944/101/01/RE

8-11-98 2

2938505

72E037 (10/97)

FILED

Feb 23 1998 8:00am

Secretary of State