2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2004 8:00 am Secretary of State

DOCUMENT # 713841 1. Entity Name WINTER HAVEN CHRISTIAN CHURCH, INC.					03-12-2004 90038 027 ****61.25			**61.25
Principal Place of Business 301 6TH ST NE WINTER HAVEN, FL 33881-4261 Mailing Address 301 6TH ST NE WINTER HAVEN, FL 33881			881-4261			1		.
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022004 Ci	hg-NP	CR2E037 (10/03)		
City & State		City & State			4. FEI Number 59-128859)1		pplied For . ot Applicable
Zíp	Country	Zip 	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent	· N	ame	7. Name and Add	iress of New Re	egistered Agent	
JOHNS, RAYMOND								
	KE HOWARD PRIVE HAVEN, FL 33880		S	treet Address ((P.O. Box Number is I	Not Acceptable)	
			c	ity			FL Zip Coo	de
8. The above the obligat	named entity submit his statement for ions of registered agent.	the purpose of changing its	registered o	ffice or register	red agent, or both, in	the State of Flor	rida. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	and the first section of					2.75	
3	Signature, typed or brinkey name or registered agent at	dutie it applicable. (NOTE	: Registered Age	nt signature required	when reinstating)		DATE	
	Filing Fee is:\$61.25 Due by May 7.2004	9. Election Carr Trust Fund C	npaign Finan		\$5.00 May Be Added to Fees		ake check payable to da Department of S	
10.	Filling Fee is:\$61.25	9. Election Carr Trust Fund C	npaign Finan	cing	\$5.00 May Be Added to Fees	Flori	ake check payable	itate
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	Filling Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRE TD BOARD, KENNETH	9. Election Carr Trust Fund C	npaign Finan ontribution. 111. TITLE NAME	cing	\$5.00 May Be Added to Fees	Flori	ake check payable da Department of S	N 10
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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 trusted empowered to execute this equive 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.

ING OFFICER OR DIRECTOR

SIGNATURE:

(863)-294-497)