

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 725221

1. Entity Name
**CENTRAL CHURCH OF CHRIST OF WINTER HAVEN,
INC.**



Principal Place of Business
**142 AVE. C.S.S.W.
P.O. BOX 2004
WINTER HAVEN, FL 33883-2004**

Mailing Address
**142 AVE. C.S.S.W.
P.O. BOX 2004
WINTER HAVEN, FL 33883-2004**



01262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1634337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STULTS, DENNIS
550 E. LAKE ELBERT DRIVE
WINTER HAVEN, FL 33880**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BISHOP, BOB
104 LAKE RING DR
WINTER HAVEN, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
CARROLL, JOHN
247 LAKE LINK RD
WINTER HAVEN, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
COOK, TOM
310 NIBLICK CIRCLE
WINTER HAVEN, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BARTON, DAVID R
2112 GARY ROAD
AUBURNDAL, FL 33823**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HAMM, JOHN
225 E. EDGEWOOD DR./ #46
LAKELAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HALL, BILL
3095 AVE. T. NE
WINTER HAVEN, FL 33881**

**DO NOT WRITE
IN THIS SPACE**

U00000238349
02/21/05-80095-014 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Bob Bishop* For Central Church of Christ - Treasurer 2-16-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

863-291-5864