

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725221

FILED
Mar 15, 2007
Secretary of State

Entity Name: CENTRAL CHURCH OF CHRIST OF WINTER HAVEN, INC.

Current Principal Place of Business:

142 AVE. C.S.S.W.
P.O. BOX 2004
WINTER HAVEN, FL 338832004

New Principal Place of Business:

142 AVE. C S.W.
WINTER HAVEN, FL 33880

Current Mailing Address:

142 AVE. C.S.S.W.
P.O. BOX 2004
WINTER HAVEN, FL 338832004

New Mailing Address:

PO BOX 2004
WINTER HAVEN, FL 338832004

FEI Number: 59-1634337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BISHOP, BOB
Address: 104 LAKE RING DR
City-St-Zip: WINTER HAVEN, FL

Title: S () Delete
Name: COOK, TOM
Address: 310 NIBLICK CIRCLE
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: BARTON, DAVID R
Address: 2112 GARY ROAD
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: HALL, BILL
Address: 3095 AVE T. NE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB BISHOP

T

03/15/2007

Electronic Signature of Signing Officer or Director

Date