

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 732989

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

**Entity Name:** HOLY CROSS CHURCH OF WINTER HAVEN, INC.

**Current Principal Place of Business:**

201 KIPLING LANE  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

201 KIPLING LANE  
WINTER HAVEN, FL 33884

**New Mailing Address:**

**FEI Number:** 59-1611416      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KENNON, DON  
201 KIPLING LANE  
WINTER HAVEN, FL 33884      US

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: DON KENNON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: STARK, BILL  
Address: 173 LAKE OTIS RD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: DP      ( ) Delete  
Name: DEACON, HARRISON  
Address: 215 S. LAKE FLORENCE DR.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: SW      ( ) Delete  
Name: KENNON, DON  
Address: 1226 CYPRESS POINT E.  
City-St-Zip: WINTER HAVEN, FL 33884

**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:

I hereby certify that the information supplied with this filing does not qualify 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: DON KENNON

MR.

10/13/2009

Electronic Signature of Signing Officer or Director

Date