

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90081 044 \*\*\*\*70.00

**DOCUMENT # 737608**

1. Entity Name

H. T. CHRISTIAN CENTER, INC.



Principal Place of Business

820 N. 11TH STREET  
P.O. BOX 1033  
PALATKA FL 32178

Mailing Address

P.O. BOX 1033  
PALATKA FL 32178

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/06)

4. FEI Number

05-0026100

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, SHIRLEY V  
510 WEST PALMETTO STREET  
PALATKA FL 32177

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MURRAY, RUTHA MAE  
STREET ADDRESS 716 N. 19TH STREET  
CITY-ST-ZIP PALATKA FL 32177

TITLE VD ☐ Delete  
NAME HALL, GREGORY K.  
STREET ADDRESS 716 N. 19TH STREET  
CITY-ST-ZIP PALATKA FL 32177

TITLE FSD ☒ Delete  
NAME ESAU, EVELYN V.  
STREET ADDRESS 151 VINE STREET  
CITY-ST-ZIP EAST PALATKA FL 32131

TITLE T ☐ Delete  
NAME WORD, LUGENE  
STREET ADDRESS 108 PHILLIPS DAIRY ROAD  
CITY-ST-ZIP PALATKA FL 32177

TITLE C ☐ Delete  
NAME ESAU, ALFRED  
STREET ADDRESS 151 VINE STREET  
CITY-ST-ZIP EAST PALATKA FL 32131

TITLE M ☐ Delete  
NAME SINGLETON, HENRIETTA  
STREET ADDRESS 891 NORTH CLAY STREET  
CITY-ST-ZIP ST AUGUSTINE FL 32084

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME *Jekita Williams*  
STREET ADDRESS *4848 NW 24th CT. #113*  
CITY-ST-ZIP *Lauderdale Lake, Fla. 33313*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Rutha Mae Murray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/07*

*386-328-5594*

Date Daytime Phone #