2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #741989

1. Entity Name

HILLTOP CHURCH OF CHRIST INC



FILED Aug 02, 2006 08:00 AN Secretary of State

Principal Place of Business

HILLTOP CHURCH OF CHRIST INC

2100 AVE T NE

WINTER HAVEN, FL 33881

Mailing Address

HILLTOP CHURCH OF CHRIST INC

2100 AVE T NE

WINTER HAVEN, FL 33881



07292006 No Chg-NP

CR2E037 (4/06)

4. FEI Number 74-3111366 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, EDWIN, JR. 2209 9TH LANE, N.E. WINTER HAVEN, FL 33881

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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.	1 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 September 6, 2006 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000573199 08/02/06-80006-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE PD	
NAME DAVIS JR, EDWIN	
STREET ADDRESS 2209 9TH LANE N.E.	
CITY-ST-ZIP WINTER HAVEN, FL	
INTE D	
NAME WRIGHT, THOMAS	
STREET ADDRESS 140 MIRROR LANE	
CITY-ST-ZIP WINTER HAVEN, FL 33881	
тите D	
NAME SERIGHT, IVORY	
STREET ADDRESS 1701 VAUXHALL RD	
CITY-ST-ZIP WINTER HAVEN, FL	
TITLE D	
NAME MAJOR, FRANK	
STREET ADDRESS 1450 10TH ST NE	
CITY-SI-ZIP WINTER HAVEN, FL	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME O

SHING OFFICER OR DIRECTOR

6 813-837-1157

Daytime Phone #