
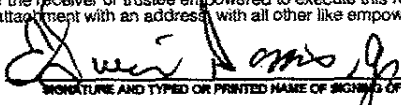


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 03, 2007 08:00 AM
Secretary of State**

DOCUMENT # 741989		
1. Entity Name HILLTOP CHURCH OF CHRIST INC		
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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAVIS, EDWIN, JR. 2209 9TH LANE, N.E. WINTER HAVEN, FL 33881		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS JR, EDWIN 2209 9TH LANE N.E. WINTER HAVEN, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, THOMAS 140 MIRROR LANE WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SERIGHT, IVORY 1701 VAUXHALL RD WINTER HAVEN, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAJOR, FRANK 1450 10TH ST NE WINTER HAVEN, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8/1/07 863-837-1157 <small>Date Daytime Phone #</small>



07192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 74-3111368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	