2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05239

Entity Name: WINTER HAVEN CHRISTIAN CENTER, INC.

FILED Mar 13, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4925 CYPRESS GARDENS RD. WINTER HAVEN, FL 33884						
Current Mailing Address:				New Mailing Address:		
4925 CYPRESS GARDENS RD. #130 WINTER HAVEN, FL 33884						
FEI Number: 59-2646843 FEI Number Applied For () FEI Num				nber Not Appli	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
GOERLITZ, ALTON 4925 CYPRESS GRDNS. RD #85 WINTER HAVEN, FL 33884 US				BEAR, ORLIE J MANAGER 4925 CYPRESS GRDNS. RD #109 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: ORLIE JAMES BEAR				03/13/2006		
	Electroni	c Signature of Registered Agen	it			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () I GROVES, CHAR 4925 CYPRESS WINTER HAVEN	GDN RD. #12		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	GRANGER, DAV	GARDEN RD. #116		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	S () I TEACHOUT, WIL 4925 CYPRESS WINTER HAVEN	GDNS., #24		Title: Name: Address: City-St-Zip:	VP (X) TEACHOUT, WI 4925 CYPRESS WINTER HAVEN	S GDNS., #24
Title: Name: Address: City-St-Zip:	GOERLITZ, ALTO	GARDESN RD., #85		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	BEAR, ORLIÈ J	Delete GARDENS RD # 109 , FL 33884		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	BENA, KENNET	GARDENS RD #129

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORLIE JAMES BEAR CM 03/13/2006