2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2007
Secretary of State

DOCUMENT# J05239

Entity Name: WINTER HAVEN CHRISTIAN CENTER, INC.

Current Principal Place of Business:

4925 CYPRESS GARDENS RD.
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

4925 CYPRESS GARDENS RD.
#130
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 59-2646843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEAR, ORLIE J MANAGER
4925 CYPRESS GRDNS. RD
#109
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GROVES, CHARLES W
Address: 4925 CYPRESS GDN RD. #12
City-St-Zip: WINTER HAVEN, FL 33884

Title: T ( ) Delete
Name: GRANGER, DAVID
Address: 4925 CYPRESS GARDEN RD. #116
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP ( ) Delete
Name: TEACHOUT, WILLIAM
Address: 4925 CYPRESS GDNS., #24
City-St-Zip: WINTER HAVEN, FL

Title: CPM ( ) Delete
Name: BEAR, ORLIE J
Address: 4925 CYPRESS GARDENS RD # 109
City-St-Zip: WINTER HAVEN, FL 33884

Title: S ( ) Delete
Name: BENA, KENNETH
Address: 4925 CYPRESS GARDENS RD #129
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TEACHOUT, WILLIAM
Address: 4925 CYPRESS GDN RD. #24
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ELLIOTT, EFTON
Address: 4925 CYPRESS GDNS., #118
City-St-Zip: WINTER HAVEN, FL

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 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: WILLIAM TEACHOUT P 03/24/2007

Electronic Signature of Signing Officer or Director — Date