2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05239

FILED Mar 10, 2012 Secretary of State

Entity Name: WINTER HAVEN CHRISTIAN CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

4925 CYPRESS GARDENS RD. WINTER HAVEN, FL 33884 33

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELLIOTT, BETTY J QUAYLE, PAMELA
4925 CYPRESS GRDNS. RD
#118
WINTER HAVEN, FL 33884 US
QUAYLE, PAMELA
4925 CYPRESS GRDNS. RD
#36
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: PAMELA QUAYLE 03/10/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: GUYER, GALE

Address: 4925 CYPRESS GDN RD. #117 City-St-Zip: WINTER HAVEN, FL 33884

Title:

Name: LOOMIS, DORLAND

Address: 4925 CYPRESS GARDEN RD. #15 City-St-Zip: WINTER HAVEN, FL 33884

Title: VP

Name: ELLIOTT, EFTON

Address: 4925 CYPRESS GDNS., #118

City-St-Zip: WINTER HAVEN, FL

Title: AS

Name: PAMELA, QUAYLE

Address: 4925 CYPRESS GARDENS RD #36 City-St-Zip: WINTER HAVEN, FL 33884

Title:

Name: GROVES, WILLIAM

Address: 4925 CYPRESS GARDENS RD #12 City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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 all other like empowered.

SIGNATURE: PAMELA QUAYLE AS 03/10/2012