

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90031 017 ****61.25

DOCUMENT # N01000004279 1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, WINTER HAVEN, FLORIDA, INC.					
Principal Place of Business 330 3RD ST. NW WINTER HAVEN, FL 33881			Mailing Address 330 3RD ST. NW WINTER HAVEN, FL 33881		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6137173	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BAUGHMAN, ROBERT C 330 3RD ST. NW WINTER HAVEN, FL 33881				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUMPTER, JEANNETTE 68 ANN WAY WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNN, HARRY L 1300 S LAKE HOWARD DR APT 503 WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KRIEGER, LOUIS 532 N. GENATHY DRIVE AUBURNDAL, FL 33823	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Krieger, Louis 532 N Genathy Dr. Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUPRINA, LUELLA 116 LAKE RING DR SE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELROY, ANICE 1491 AVE. E. NE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD McElroy, Anice 1491 AVE E NE Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHELTON, ROBERT 217 GOLF AIRE BLVD WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandra W. Herndon 314 Van Lakes Blvd. Auburndale, FL 33823
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: <u>Harry L. Dunn, Harry L. Dunn, Treas. 2/3/07</u> (863) 294-5912					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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