

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90198 019 ****61.25

DOCUMENT # N01000007154					
1. Entity Name CHRIST COMMUNITY CHURCH OF WINTER HAVEN, INC.					
Principal Place of Business 3601 CYPRESS GARDENS ROAD SUITE 1 WINTER HAVEN, FL 33884			Mailing Address 3601 CYPRESS GARDENS ROAD SUITE 1 WINTER HAVEN, FL 33884		
2. Principal Place of Business 1895 Overlook Drive SE Suite, Apt. #, etc.		3. Mailing Address 1895 Overlook Drive SE Suite, Apt. #, etc.			
City & State Winter Haven, FL Zip 33884 Country USA		City & State Winter Haven, FL Zip 33884 Country USA		4. FEI Number 59-3748046	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent LOCKWOOD, DOUGLAS A 141 FIFTH STREET N.W. 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 reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JAMES, S. MARK 564 ST. ANDREWS ROAD WINTER HAVEN, FL 33884				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB <input type="checkbox"/> Delete REYNOLDS, WILLIAM C 50 SKIDMORE DRIVE WINTER HAVEN, FL 33884				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PAYNE, III, NORMAN C 2980 PLANTATION ROAD WINTER HAVEN, FL 33884				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete PAYNE, CYNTHIA C 2980 PLANTATION ROAD S. WINTER HAVEN, FL 33884				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LOCKWOOD, DOUGLAS A 141 FIFTH STREET N.W. WINTER HAVEN, FL 33881				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SCHAAL, MARY 112 WALDEMAR COURT S.E. WINTER HAVEN, FL 33884				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brown, Tony A. 313 Hernando Drive Winter Haven, FL 33884				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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>Cynthia C Payne</u> <u>Cynthia C Payne</u> <u>4.24.06</u> <u>803-439-3671</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					