

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90077 023 ****61.25

DOCUMENT # N01000007154

1. Entity Name
CHRIST COMMUNITY CHURCH OF WINTER HAVEN, INC.



Principal Place of Business
**1895 OVERLOOK DR SE
WINTER HAVEN, FL 33884**

Mailing Address
**1895 OVERLOOK DR SE
~~00712~~
WINTER HAVEN, FL 33884**

40038204



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3748046

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOCKWOOD, DOUGLAS A
141 FIFTH STREET N.W.
WINTER HAVEN, FL 33881**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☐ Delete
NAME **JAMES, S. MARK**
STREET ADDRESS **564 ST. ANDREWS ROAD**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **D** ☐ Change ☒ Addition
NAME **Brown, Tony A.**
STREET ADDRESS **313 Hernandez Drive**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **CB** ☐ Delete
NAME **REYNOLDS, WILLIAM C**
STREET ADDRESS **50 SKIDMORE DRIVE**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PAYNE, III, NORMAN C**
STREET ADDRESS **2980 PLANTATION ROAD**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **PAYNE, CYNTHIA C**
STREET ADDRESS **2980 PLANTATION ROAD S.**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LOCKWOOD, DOUGLAS A**
STREET ADDRESS **141 FIFTH STREET N.W.**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SCHAAL, MARY**
STREET ADDRESS **112 WALDEMAR COURT S.E.**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☒ Change ☐ Addition
NAME **Schaal, Mary**
STREET ADDRESS **235 6th Street NW Unit 604**
CITY-ST-ZIP **Winter Haven, FL 33881**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.12.07

Date

863-289-1771

Daytime Phone #