

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006641

FILED
Jul 13, 2005
Secretary of State

Entity Name: HILL TOP CITADEL CHRISTIAN CENTER OF HAINES CITY, INC.

Current Principal Place of Business:

29121 US HWY 27 N.
DUNDEE, FL 33838

New Principal Place of Business:

Current Mailing Address:

29121 US HWY 27 N.
DUNDEE, FL 33838 US

New Mailing Address:

FEI Number: 14-1845339 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, ALBERT J
29121 US HWY 27 N.
PO BOX 440
DUNDEE, FL 33838 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, ALBERT J
Address: 2409 NIGHTINGALE LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: DV () Delete
Name: WILLIAMS, ANN
Address: 2409 NIGHTINGALE LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: MYERS, EDDIE
Address: 6365 6TH ST
City-St-Zip: LAKE WALES, FL 33853

Title: DT () Delete
Name: ROBINSON, DANIEL
Address: 2440 BRENT AVE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: DS () Delete
Name: ROBINSON, EVA M
Address: 422 FLAGLER ROAD
City-St-Zip: WINTER HAVEN, FL 33844 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA M. ROBINSON

DIR

07/13/2005

Electronic Signature of Signing Officer or Director

Date