

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006641

FILED  
Feb 08, 2008  
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 ( )**

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

WILLIAMS, ALBERT J  
29121 US HWY 27 N.  
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: DS (X) Change ( ) Addition  
Name: ROBINSON, EVA M  
Address: 422 FLAGLER RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: DT (X) Change ( ) Addition  
Name: OWENS, BAKER T  
Address: 2606 SOUTH POINT CT  
City-St-Zip: KISSIMMEE, FL 34746

Title: DT (X) Change ( ) Addition  
Name: SHELLMAN, NELSON  
Address: 137 BRIARCLIFF DRIVE  
City-St-Zip: KISSIMME, FL 34758

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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. ROBISON

DS

02/08/2008

Electronic Signature of Signing Officer or Director

Date