

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006641

FILED
Mar 27, 2009
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:

310 MAIN STREET
DUNDEE, FL 33838

Current Mailing Address:

29121 US HWY 27 N.
DUNDEE, FL 33838 US

New Mailing Address:

POST OFFICE BOX 0125
HAINES CITY, FL 33845

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:

WILLIAMS, ALBERT J
310 MAIN STREET
DUNDEE, FL 33838 US

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:

03/27/2009

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: DS () Delete
Name: ROBINSON, EVA M
Address: 422 FLAGLER RD
City-St-Zip: WINTER HAVEN, FL 33884

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

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

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: DT (X) Change () Addition
Name: SMITH, ZANNIE
Address: 113 BRAD CIRCLE
City-St-Zip: WINTER HAVEN, FL 33880

Title: DT (X) Change () Addition
Name: SNELL, ANDREW
Address: 1524 SALLY STREET
City-St-Zip: LAKE WALES, FL 33898

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. ROBINSON

DS

03/27/2009

Electronic Signature of Signing Officer or Director

Date