

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006641

FILED
Apr 05, 2010
Secretary of State

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

Current Principal Place of Business:

310 MAIN STREET
DUNDEE, FL 33838

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 0125
HAINES CITY, FL 33845

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
310 MAIN STREET
DUNDEE, FL 33838 US

Name and Address of New Registered Agent:

WILLIAMS, ALBERT J
2409 NIGHTINGALE LANE
KISSIMMEE, FL 34746 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:

04/05/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: WILLIAMS, ALBERT J SR.
Address: 2409 NIGHTINGALE LANE
City-St-Zip: KISSIMMEE, FL 34746

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

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

Title: DT
Name: GROVER, BENTON
Address: POST OFFICE BOX 545
City-St-Zip: BABSON PARK, FL 33827

Title: DT
Name: SNELL, ANDREW
Address: 1524 SALLY STREET
City-St-Zip: LAKE WALES, FL 33898

I hereby 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 all other like empowered.

SIGNATURE: EVA M ROBINSON

DS

04/05/2010

Electronic Signature of Signing Officer or Director

Date