

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

06-02-2008 90006 019 ****61.25

DOCUMENT # N07000003132 1. Entity Name CHAMPIONS CHURCH, INC.					
Principal Place of Business 1801 HAVENDALE BLVD WINTER HAVEN, FL 33881			Mailing Address 1801 HAVENDALE BLVD WINTER HAVEN, FL 33881		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1270963	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, DWIGHT W 1801 HAVENDALE BLVD WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP EDWARDS, DWIGHT W 1231 8TH STREET N.W. WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP BASSHAM, ADRIE "GENE" E 1647 MARKER ROAD POLK CITY, FL 33868	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP EDWARDS, NOLAN D 937 CLASSIC VIEW DRIVE AUBURNDALE, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LANGDON, GLENDA 240 HILL COURT NW WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PICKETT, CHARLOTTE 409 RED HAWK LOOP WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, KATHLEEN G 937 CLASSIC VIEW DRIVE AUBURNDALE, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bobby Williams P.O. Box 2381 Winter Haven, FL 33881				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dail Metzgar 104 E. Grove Dr Lake Hamilton, FL 33851				
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 of 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: <u>Dwight W. Edwards</u> , 5/28/08 863-294-3561					