


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N13234	
1. Entity Name	
SOUTH HAVEN CHRISTIAN CHURCH, INC.	

Principal Place of Business	Mailing Address
2430 TOMOKA FARMS ROAD PORT ORANGE FL 32128	2430 TOMOKA FARMS ROAD PORT ORANGE FL 32128

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



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
59-2633643		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, MICHAEL C 20 TULA DRIVE PORT ORANGE FL 32129		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T FICK, SCOTT 3325 WOODLAND DR EDGEWATER FL 32141	<input type="checkbox"/> Delete	U000000715304 04/27/07-80060-007 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D WOLCOTT, BOB 2315 PINE TREE DRIVE EDGEWATER FL 32141	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
M SMITH, MICHAEL C 20 TULA DRIVE PORT ORANGE FL 32129	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D LEONARD, RALPH 5880 AZALEA ST PORT ORANGE FL 32127	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or 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  SCOTT C. FICK 4-9-07 386-252-0390