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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N34500

(1)

WINTER HAVEN CHURCH SPORTS, INC.

Principal Place of Business Mailing Address					I ISBNIE! BAS IIIII SISSI SIIII SENII S	OLI 83011 BIBIL BISL	1 61611 6	
	is gardens Boulevard En Fl 33884-1958	1800 Cypress garde Winter Haven FL 338		RD				
					3. Date incorporated or Qualified 10/04/1989	3a. Date of 01/2	Last R 23/19	
2. Principal Pla	Principal Place of Business 2a. Mailing Ad				4. FEI Number Applied For Not Applied For Not Applied For			
21	U -1-	Suite, Apt. #, etc.			NOT APPLICABLE Not Applicable S8.75 Additional			
Suite, Apt. #, etc.		27			5. Certificate of Status Desired Fee Required			
City & State	9	City & State			6. Election Campaign Financing	<u> </u>	5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zφ	Country	Zip	Count	y	This corporation has liability for in		ders.1	199.032,
24	25	29	30			Yes ☐ No		
	9. Name and Address of Currer	nt Registered Agent	8	1 Name	10. Name and Address of New Re	gistered Ager	<u> </u>	
			ľ	Name				
HAMMER	r, al Ellas Rd.		8	82 Street Address (P.O. Box Number is Not Acceptable)				
	HAVEN FL 33884		8	3				
			8	4 0		85	Zin	Code
			ľ	4 City		FL °	<u>'</u>	0000
or register	to the provisions of Sections 617.050; red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the co	e-named corpor rporation's boar	ation submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changin ntment as regis	g its re stered i	igistered office agent. I am
SIGNATURE	Of Hammes Signature, typed or printed name of registered agen	at and title if applicable. (NO	TE: Registered A	gent signature require	d when reinstaling)	DATE		
12.		D DIRECTORS	13.	, , , , , , ,	ADDITIONS/CHANGES TO OFFIC	CERS AND DIR	ECTO	RS IN 12
TITLE	D	DELETÉ	1.1 TITLE			□ Cr	ange	☐ Addition
NAME	HAMMER, AL		1.2 NAM	E				
STREET ADDRESS	411 PINELLAS RD.		1.3 STRE	ET ADDRESS				
CITY - ST - ZIP	WINTER HAVEN FL		14 City	-ST-ZIP				
TITLE	D	⊘ DELETE	21 TITL			□ Cr	ange	Addition
NAME	ULCH, CURT		2.2 NAM	E				
STREET ADDRESS	115 OKALOOSA DR. SE		2 3 STR	ET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL		2 4 CIT	r-ST-ZIP				
TITLE	D	DELETE	3.1 TITE	E		□ CH	lange	☐ Addition
NAME	DEARDORFF, RAY		3 2 NAM	E		•		
STREET ADDRESS	318 BAY STREET		3 3 STR	ET ADDRESS				
CITY-ST-ZIP	AUBURNDALE FL			r-ST-21F		——————————————————————————————————————		□ Addates
TITLE	D	DELETE	4.1 TITL			□ CI	ange	☐ Addition
NAME	STULTZ, WAYNE		4 2 NA					
STREET ADDRESS	4026 COUNTRY CLUB RD, S	j j		EET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL			'-ST-ZIP			hanoo	Addition
TITLE	D CANTEL DOM	DELETE	5.1 TITL			C	winds	☐ woonlon
NAME	KNITT, DON		5.2 NAN					
STREET ADDRESS	1501 FIRST STREET, S			EET ADDRESS				
CITY - ST - ZIP	WINTER HAVEN FL	Danier		-ST-ZIP		<u> </u>	hanca	Addition
TITLE		DELETE	6 1 TITL			□ c	iange	TT MODITION
NAME			52 NAN					
STREET ADDRESS				EET ADDRESS				
CITY - ST - ZIP			64 CITY	r-ST-ZIP				

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ___

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #