

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 15, 2008**  
**Secretary of State**

DOCUMENT# N50243

**Entity Name:** HOWEY-IN-THE-HILLS COMMUNITY CHURCH, FLORIDA CORPORATION**Current Principal Place of Business:**420 NORTH PALM AVENUE  
HOWEY-IN-THE-HILLS, FL 34737**New Principal Place of Business:****Current Mailing Address:**420 NORTH PALM AVENUE  
HOWEY-IN-THE-HILLS, FL 34737**New Mailing Address:****FEI Number:** 59-1117563**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CHILDS, LYNDA  
407 ORCHID WAY  
HOWEY IN THE HILLS, FL 34734 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HAMMILL, JOSEPH  
Address: 107 E LAUREL  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: PD ( ) Delete  
Name: FOLMSBEE, KENNETH S  
Address: 27114 ORANGE AVENUE  
City-St-Zip: YALAHUA, FL 34797

Title: D ( ) Delete  
Name: KONDO, STEPHANIE  
Address: 115 E CROTON WAY  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D ( ) Delete  
Name: MILES, PAM  
Address: 3400 SARATOGA DRIVE  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: HAWTHORNE, ROSIE  
Address: 5684 FREEPORT DRIVE  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: HOFFMAN, WALLACE  
Address: 3716 TIMBER LANE  
City-St-Zip: LEESBURG, FL 34748

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LYNDA CHILDS

TREA

04/15/2008

Electronic Signature of Signing Officer or Director

Date