2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# N50567

Entity Name: ST. PAUL'S EPISCOPAL CHURCH OF WINTER HAVEN, INC.

Current Principal Place of Business:

656 AVENUE L NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

656 AVENUE L NW
WINTER HAVEN, FL 33881 US

New Mailing Address:

FEI Number: 59-1165775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAINE, ROBERT
1233 BARTOW HWY S
LAKELAND, FL 33801 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:	P	( ) Delete
Name:	SHAW, REV. CANON T	
Address:	901 THOMPSON CIR. NW	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	SD	( ) Delete
Name:	WOOLWINE, JACKIE	
Address:	232 LAKE LINK ROAD SE	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	TD	( ) Delete
Name:	STRAUGHN, JR, JOHN	
Address:	905 ROYAL PALM CIRCLE	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	D	( ) Delete
Name:	RIEGER, SONNY	
Address:	P. O. BOX 794	
City-St-Zip:	EATON PARK, FL 33840	
Title:	D	( ) Delete
Name:	EVANS, TOM	
Address:	1816 LYNNCREST ROAD	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) Delete
Name:	KALOGRIDIS, JOANNE	
Address:	251 RUBY LAKE LANE	
City-St-Zip:	WINTER HAVEN, FL 33884	

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:	D	(X) Change ( ) Addition
Name:	EVANS, TOM	
Address:	700 MIRROR TER. NW #106	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: REV. CANON T. SHAW P 01/11/2007

Electronic Signature of Signing Officer or Director — Date