


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000005028 1. Entity Name WINTER HAVEN WORSHIP CENTER, INC.	
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Principal Place of Business 1835 OVERLOOK DRIVE S.E. WINTER HAVEN, FL 33884	Mailing Address P.O. BOX 2940 WINTER HAVEN, FL 33883-2940 US
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02042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNOR, JEFFERY TODD
1835 OVERLOOK DRIVE S.E.
WINTER HAVEN, FL 33884

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CONNOR, JEFFERY TODD 1835 OVERLOOK DRIVE S.E. WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CONNOR, KIMBERLY DANES 1835 OVERLOOK DRIVE S.E. WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT CONNOR, CRAWFORD M 1835 OVERLOOK DRIVE S.E. WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/08-80099-004 70.00

**DO NOT WRITE
IN THIS SPACE**

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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAWFORD M. CONNOR 2/4/08 863-3180701

Date

Daytime Phone #