

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001894

FILED  
Jun 23, 2005  
Secretary of State

**Entity Name:** EVANGELISTIC CENTER OF WINTER HAVEN, INC.

**Current Principal Place of Business:**

122 LAKESIDE DRIVE  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

2144 SHADOWLAWN DRIVE  
NAPLES, FL 34112

**Current Mailing Address:**

122 LAKESIDE DRIVE  
AUBURNDALE, FL 33823

**New Mailing Address:**

2144 SHADOWLAWN DRIVE  
NAPLES, FL 34112

**FEI Number:** 59-3572975      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HOLADAY, ROY W SR  
122 LAKESIDE DRIVE  
AUBURNDALE, FL 33823      US

**Name and Address of New Registered Agent:**

KNESS, CORY R  
2144 SHADOWLAWN DRIVE  
NAPLES, FL 34112      US

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: CORY R KNESS

06/23/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MATHIS, STEVEN G  
Address: 2144 SHADOWLAWN DR.  
City-St-Zip: NAPLES, FL 34112

Title: VPT      ( ) Delete  
Name: HELSDON, RICHARD D  
Address: 1080 HIDDEN HARBOUR DR  
City-St-Zip: NAPLES, FL 34109

Title: S      (X) Delete  
Name: GERI, MARCO A  
Address: 9597 CRESCENT GARDEN CIR.  
City-St-Zip: NAPLES, FL 34109

Title: T      (X) Delete  
Name: WILSON, TRAVIS  
Address: 7133 MILL RUN CIR.  
City-St-Zip: NAPLES, FL 34109

Title: BM      (X) Delete  
Name: DELONG, ANDREW  
Address: 2132 SHADOWLAWN DR.  
City-St-Zip: NAPLES, FL 34112

Title: BM      (X) Delete  
Name: VALENTINE, MICHAEL P  
Address: 2408 LINWOOD DR.  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: KNESS, CORY R  
Address: 2144 SHADOWLAWN DR.  
City-St-Zip: NAPLES, FL 34112

Title: VPT      (X) Change ( ) Addition  
Name: DELONG, ANDREW  
Address: 583 ROMA CT  
City-St-Zip: NAPLES, FL 34108

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 for the exemption stated in Section 119.07(3)(i), 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: CORY R KNESS

PR

06/23/2005

Electronic Signature of Signing Officer or Director

Date