2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900001894

1. Entity Name

EVANGELISTIC CENTER OF WINTER HAVEN, INC.



04-10-2003 90123 042 ****61.25

FILED

Apr 10, 2003 8:00 am Secretary of State

			130	7. 6					
Principal Plac	e of Business	Mailing Address			1				
122 LAKESIDE DRIVE AUBURNDALE FL 33823		122 LAKESIDE DRIVE AUBURNDALE FL 33823				B. S. Carlotte			
						<u> </u>			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 50	9-3572975 Applied F			<u></u>
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	\$8.75 A Fee Requi	dditional	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registered	Agent		
	THE PROPERTY OF		Nam	е					
HOLADAY, ROY W SR			Stree	Street Address (P.O. Box Number is Not Acceptable)					
	SIDE DRIVE								_
AUBURN	DALE FL 33823			···					╛
			City		-	FL	Zip Co	ode	İ
	named entity submits this statement fo	the purpose of changing its	registered office	e or registe	red agent, or both, in	the State of Florida. I am	familiar wit	h, and accept	
the obligat	ions of registered agent.		•				,		Ì
SIGNATURE .									
Sidn none.	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent si	gnature require	d when reinstating)	DATE			
· · · · · · · · · · · · · · · · · · ·	12.4								
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				1
		11001101101	001111100110111	_	Added to 1 ees	riolida Depai	tinent o	Jule	
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANGE	ES TO OFFICERS AND D	RECTORS	IN 10	_ [
TITLE .	PD	Delete	ي و رحو TITLE	= =	to the same of the	حوامد مصادمت والمصد محا	Change	Addition_	2
NAME expect andress	HOLADAY, ROY		NAME STREET ADDRE		4				14.
STREET ADDRESS CITY-ST-ZIP	122 LAKESIDE DRIVE AUBURNDALE FL 33823	•	CITY-ST-ZIP	33	,				8
TITLE	VPT	Delete	TITLE	+ .	· · · · · · · · · · · · · · · · · · ·		☐ Change	B Addition	ةِ ا
NAME	VANDERPOOL, BUTCH		NAME				•		1
STREET ADDRESS	509 MANDY ST.		STREET ADDRE	SS					
CITY-ST-ZIP	AUBURNDALE FL 33823 STT	——————————————————————————————————————	CITY-ST-ZIP					a	_
TITLE NAME	SUMMERTON, DARYL	☐ Delete	TITLE NAME		•		☐ Change	e 🔲 Addition	1
STREET ADDRESS	126 BERGEN CIR.		STREET ADDRE	ss					
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP						
TITLE		☐ Delete	• TITLE				☐ Change	e 🔲 Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	SS					
		Пъл				* *	Chara	e 🔲 Addition	
TITLE NAME		☐ Delete	TITLE NAME				Change	e Manifoli	1
STREET ADDRESS			STREET ADDRE	ss					
CITY-ST-ZIP			CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify 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 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 \$17, 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SICNATURE, DARYANO

TITLE

NAME STREET ADDRESS

04-07-03

863-604-9519

Change

☐ Addition