



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

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N99000004519 1. Entity Name STILL WATER CHRISTIAN LIFE CENTER, INC.	
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Principal Place of Business 100 MCKAY DR HAINES CITY, FL 33844	Mailing Address P.O. BOX 368 HAINES CITY, FL 33845
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DO NOT WRITE IN THIS SPACE



03182008 No Chg-NP CR2E037 (4/06)

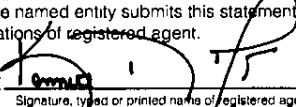
4. FEI Number 59-3559095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, KENNETH M
1108 PENINSULAR DRIVE
HAINES CITY, FL 33844**

**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  **KENNETH M. THOMPSON** **03-20-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

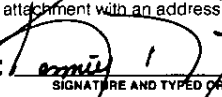
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000866376 04/08/08-80051-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, KENNETH M P.O. BOX 1687 HAINES CITY, FL 33845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULVER, WAYNE 7 B. MOORE ROAD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOWELL, ROBERT SR 1822 SANDHILL LANE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIPP, KENNETH 914 POINTE EVA PL. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, GREG 1479 US HIGHWAY 27 S HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an other like empowered.

SIGNATURE:  **KENNETH M. THOMPSON** **03-20-08** **863-419-2890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #