FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 26 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N28553

1. Corporation Name
THE LORD'S CHURCH AT WAUCHULA, INC.

Principal Place of Business	Mailing Address
WEST MAIN ST.. HWY 64A P.O. BOX 1263 WAUCHULA FL 33873	WEST MAIN ST.. HWY 64A P.O. BOX 1263 WAUCHULA FL 33873

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/26/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2752295 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DEER, JOHN E
1142 OLD FT GREEN RD
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] 4/20/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SEE, JACKIE SR.		1.2 NAME		
STREET ADDRESS	PO BOX 321 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AVANT, BOBY		2.2 NAME		
STREET ADDRESS	315 14TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 33821		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAZELTINE, STEVE		3.2 NAME		
STREET ADDRESS	4721 KELLOG AVE (17212)		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, MIKE		4.2 NAME		
STREET ADDRESS	PO BOX 1263 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873		4.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEER, JOHN		5.2 NAME		
STREET ADDRESS	1142 OLD FT GREEN RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	02-26-1999 90045021 V12 S	☐ Change ☐ Addition
NAME	MITCHELL, JAMES		6.2 NAME		
STREET ADDRESS	PO BOX 244 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873		6.4 CITY-ST-ZIP	4/28/99 99AR	

CR2E037-(11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-26-99 941-773-4231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #