2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2005 08:00 AM DOCUMENT # 719322 Secretary of State 1. Entity Name WORD OF FAITH BIBLE CHURCH, INC. Principal Place of Business Mailing Address 179 CLEAR LATE RD CRESCENT CITY FL 32112 US 179 CLEAR LATE RD CRESCENT CITY FL 32112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-1881680 Not Applicable Zip Country Ζíp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICHOLS, CHARLES B Street Address (P.O. Box Number is Not Acceptable) 114 J WALTON ROAD CRESCENT CITY FL 32112 City Zip Code 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, woed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE edela taranco FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2005 Trust Fund Contribution, Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete Change ☐ Addition TITLE NICHOLS, CHARLES B. U00000211582 NAME MAME 114 J WALTON ROAD STREET ADDRESS 02/02/05-80124-015 61.25 STREET ADDRESS CRESCENT CITY FL 32112 CITY-SI-ZIP CITY-ST-7iP THEF ☐ Addition Delete ☐ Change HILLE COX, HOWARD NAME NAME 179 CLEAR LAKE RD STREET ADDRESS STREET ADDRESS CRESCENT CITY FL 32112 CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Addition TOTALE Delete DIF DALE, PAT NAME NAME 115 LAKEVIEW AVE STREET ADDRESS STREET ADDRESS GEORGETOWN FL 32139 CITY-ST-ZIP CITY-SI-ZIP Delete ☐ Change ☐ Addition TITLE TITLE COX, DAVID NAME NAME 1501 PINE ST STREET ADDRESS STREET ADDRESS BRBERVILLE FL 32105 CITY-ST-ZIP CITY ST-ZIP THLE ☐ Delete TITLE Change Addition | COX, LULA NAME NAME 1501 PINE ST STREET ADDRESS STREET ADDRESS BARBERVILLE FL 32112 CITY - SE- 7IP CHY-\$1-21P TITLE ☐ Delete DILLE ☐ Change ☐ Addition COX, BARBARA NAME NAME 179 CLEAR LAKE RD STREET ADDRESS STREET AODRESS CRESCENT CITY FL 32112 CITY-ST-7IP 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)(1), 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

FILED

SIGNATURE: Charles B. Nichals 1-31-05 386-328-1/34

SIGNATURE: Charles AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description Proces #