

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90095 037 ****61.25

DOCUMENT # 719322

1. Entity Name

WORD OF FAITH BIBLE CHURCH, INC.



Principal Place of Business

179 CLEAR LAKE RD
CRESCENT CITY FL 32112
US

Mailing Address

179 CLEAR LAKE RD
CRESCENT CITY FL 32112
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1881680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, CHARLES B
114 J WALTON ROAD
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	NICHOLS, CHARLES B.	
STREET ADDRESS	114 J WALTON ROAD	
CITY - ST - ZIP	CRESCENT CITY FL 32112	
TITLE	P	<input type="checkbox"/> Delete
NAME	COX, HOWARD	
STREET ADDRESS	179 CLEAR LAKE RD	
CITY - ST - ZIP	CRESCENT CITY FL 32112	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DALE, PAT	
STREET ADDRESS	115 LAKEVIEW AVE	
CITY - ST - ZIP	GEORGETOWN FL 32139	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, DAVID	
STREET ADDRESS	1501 PINE ST	
CITY - ST - ZIP	BARBERVILLE FL 32105	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, LULA	
STREET ADDRESS	1501 PINE ST	
CITY - ST - ZIP	BARBERVILLE FL 32112	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COX, BARBARA	
STREET ADDRESS	179 CLEAR LAKE RD	
CITY - ST - ZIP	CRESCENT CITY FL 32112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson T&B	
STREET ADDRESS	651 GEORGETOWN RD.	
CITY - ST - ZIP	CRESCENT CITY FL 32112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAY MILTON	
STREET ADDRESS	707 SHAW LAKE RD.	
CITY - ST - ZIP	PIERSON FL 32180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: *Charles B. Nichols* CHARLES B. NICHOLS 1-29-07 386-328-1134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #