

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000008539**

1. Entity Name

THE WHOLE ARMOUR OF GOD WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
3508 ST LUKE ST	3508 ST LUKE ST
PANAMA CITY FL 32401	PANAMA CITY FL 32401

2. Principal Place of Business	3. Mailing Address
3531 ST JOHN ST	

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
PANAMA CITY FL	

Zip	Country	Zip	Country
32401			

4. FEI Number	Applied For
59-3688803	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORNING BEN III 3508 ST LUKE ST PANAMA CITY FL 32401	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.

SIGNATURE	02/16/2001
Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITTLE APRIL			NAME	JEFFRESON EMILY A		
STREET ADDRESS	3508 ST LUKE ST			STREET ADDRESS	3508 ST LUKE ST		
CITY-ST-ZIP	PANAMA CITY FL 32401			CITY-ST-ZIP	PANAMA CITY FL 32401		
TITLE	VCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYANS TELISHA			NAME			
STREET ADDRESS	3508 ST LUKE ST			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORNING BEN III			NAME			
STREET ADDRESS	3508 ST LUKE ST			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
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)(f), 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: MORNING, BEN III	DC	02/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (11/00)