

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008539

FILED
Jan 04, 2005
Secretary of State

Entity Name: THE WHOLE ARMOUR OF GOD WORSHIP CENTER, INC.

Current Principal Place of Business:

3529 ST JOHN ST
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1307 KENTUCKY AVE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3688803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORNING, BEN III
1307 KENTUCKY AVE.
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: MORNING, BEN III
Address: 3508 ST LUKE ST
City-St-Zip: PANAMA CITY, FL 32401 US

Title: VCD () Delete
Name: MORNING, DORIS E
Address: 3508 ST LUKE ST
City-St-Zip: PANAMA CITY, FL 32401 US

Title: STD () Delete
Name: NORTH, ZARETHA M
Address: 3508 ST LUKE ST
City-St-Zip: PANAMA CITY, FL 32401 US

Title: TRS () Delete
Name: SMITH, DAISY
Address: 3508 ST LUKE ST
City-St-Zip: PANAMA CITY, FL 32401 US

Title: CM () Delete
Name: BELL, CASSANDRA
Address: 3508 ST LUKE ST
City-St-Zip: PANAMA CITY, FL 32401 US

Title: TRS () Delete
Name: RUSS, TRESSIE D
Address: 3508 ST LUKE ST
City-St-Zip: PANAMA CITY, FL 32401 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN MORNING III

DC

01/04/2005

Electronic Signature of Signing Officer or Director

Date