FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

LAND O LAKES FL 34639



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N00758

(5)

THE WORD CHURCH, INCORPORATED

Principal Place of Business		Mailing Address				i youterst wir onite anter joung arter inter mint dinte binn arati afeit dinter		
8216 N 13TH ST TAMPA FL 33604		8216 N 13TH ST TAMPA FL 33604 US				3. Date Incorporated or Qualified 01/05/1984		
					4. FEI Number Applied For S9-3657934 59-2657934 Not Applicable			
2. Principal Place of Business		2a. Mailing Address 26				5. Certificate of Status Desired S8.75 Additional Fee Required		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State		City & State				7. Is this nonprofit corporation a homeowners association? Yes No.		
Zip Co 24 25	untry 29	Zip	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, Yes No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
			8	31	Name			
ANTON, ALICE, REV. 7408 HENRY DR			32	Street Addre	eet Address (P.O. Box Number is Not Acceptable)			

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE:	Registered Agent signature requ	lired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	3S IN 12
TITLE	PD	DELETE	1.1 TITLE	Change	Addition
NAME .	ANTON, ALICE, REV.		1.2 NAME		
STREET ADDRESS	7408 HENRY DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL		1.4 CITY - ST-ZIP		
TITLE	TD	DELETE	2.1 TITLE	Change	Addition
NAME	ANTON DAVID, REV.		2.2 NAME		
STREET ADDRESS	7408 HENRY DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL		2. 4 CITY-ST-ZIP		
TITLE	SD 🗆	DELETE	3.1 TITLE	ے۔ Change یعنی ج	Addition
NAME	Gibbar, Tabitha F.		3.2 NAME		
STREET ADDRESS	7334 HENRY DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL		3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	Addition Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		_	4.4 CITY - ST - ZIP		
TITLE	1	DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		. <u> </u>
TITLE		DELETE	6.1 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST. 7ID			6.4 CITY - CT - 719		

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 a gtachment with an address.

SIGNATURE:

Alice F. Anton 1/5/98