FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT. 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90029 030 *****70.00

DOCUME 1. Corporation Nat	ENT # NO()758	,	•
THE WORD	CHURCH, INCO	RPORATED	•	

Principal Place of Business	Mailing Address	
8216 N 13TH ST TAMPA FL 33604	8216 N 13TH ST TAMPA FL 33604 US	•

-	Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 01/05/1984
21	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number S9-2657934 Applied For
22	City & State	City & State	<u> </u>	5. Certificate of Status Desired \$8.75 Additional Fee Required
23	Zip Country	Zip Cot 29 30	untry	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
24	9. Name and Address of Current			10. Name and Address of New Registered Agent
	1		81 Name	
1		• •		(C.C. Carablember in Alex Accordable) 1 社(地) 建设(地)

. Walle and Address of Current Cage	81	Name	
- Villandario C. Victoria de Caralla de Cara	82	Street Address (P.O. Box Number is Not	Acceptable)
7408 HENRY DR LAND O LAKES FL 34639	83		
	84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a	bove	-named corporation submits this statemen	it for the purpose of changing its registered

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board

agent. I am familiar with, and accept the obligations of Section 617.0505, Florida Statutes.						
SIGNATURE	alice anton	/ (NOTE B-	gistered Agent signature requi	ired when reinstating)	DATE	
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE, NO	13.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR	S IN 12
	PD OFFICERS AND DIRECTORS	☐ DELETE	1.1 TITLE	6 5 5 th 10 10 10 10 10 10 10 10 10 10 10 10 10	' 3 ∰ Change	☐ Addition
TITLE .	, - -		1.2 NAME	•		1
NAME	ANTON, ALICE, REV.		1.3 STREET ADDRESS	1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 119 類	
STREET ADDRESS						1
CITY-ST-ZIP	LAND O'LAKES FL	□ acter	1.4 CITY-ST-ZIP		Change	Addition
TITLE	עון	DELETE .	2.1 TITLE			_
NAME	ANTON DAVID, REV.		2.2 NAME			
STREET ADDRESS	7408 HENRY DR.		2.3 STREET ADDRESS	2 1 2 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2		
CITY-ST-ZIP	LAND O'LAKES FL		2.4 CITY-ST-ZIP		B. 4463H BERTO Challen	Addition
TITLE	SD	DELETE	3.1 TITLE			
NAME TO THE	GIBBAR, TABITHA F. 255 Tax		3.2 NAME			Ì
STREET ADDRESS	The Automatic Police		3.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	LAND O'LAKES FL	•	3.4. CITY-ST-ZIP		6 清·清·湘 · 墨	57 A 1 1111
TILE		DELETE	4,1 TITLE	•	Chatige	☐ Addition
			4. 2 NAME	55.35		
NAME STREET ADDRESS	F		4.3 STREET ADDRESS			. 6
			4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	1.1.1
CITY-ST-ZIP		DELETE	5.1 TITLE		Change	☐ Addition
			5.2 NAME	•		
NAME			5.3 STREET ADDRESS	•		
STREET ADDRESS	84	,	5.4 CITY+ST-ZIP			
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change	☐ Addition
TITLE	The Control of the Co		6.2 NAME	• * .		
NAME			6.3 STREET ADDRESS			
STREET ADDRESS	757		64 CITY-ST-ZIP			

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 of the receiver or truefee 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 an attachment with an address, with all other like empowered.

SIGNATURE: