


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 03, 2006 8:00 am  
Secretary of State

07-14-2006 90019 021 \*\*\*\*61.25

DOCUMENT # N05000010983					
1. Entity Name EVANGELISTIC WORSHIP CENTER, INC.					
Principal Place of Business 20400 NETTLETON ST. ORLANDO, FL 32833			Mailing Address 20400 NETTLETON ST. ORLANDO, FL 32833		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 76-0803107			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BELL, MICHAEL 20400 NETTLETON ST. ORLANDO, FL 32833			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, MICHAEL		NAME		
STREET ADDRESS	20400 NETTLETON ST.		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32833		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, PATRICIA		NAME		
STREET ADDRESS	20400 NETTLETON ST.		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32833		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NASH, CORBIN		NAME		
STREET ADDRESS	8823 S. TOLEDO AVE.		STREET ADDRESS		
CITY - ST - ZIP	TULSA, OK 74137		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARREN, JAMES		NAME		
STREET ADDRESS	125 W. TOWNE PLACE		STREET ADDRESS		
CITY - ST - ZIP	TTTUSVILLE, FL 32796		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTERSON, FELICIA		NAME		
STREET ADDRESS	2106 HARIAN RD.		STREET ADDRESS		
CITY - ST - ZIP	TOLEDO, OH 34615		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMILEY, JOE		NAME		
STREET ADDRESS	10913 COOPER ST.		STREET ADDRESS		
CITY - ST - ZIP	CARO, NY 13033		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Michael Bell</u>			Date: <u>7/26/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		