


FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90127 026 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05071					
1. Corporation Name WESLEY COMMUNITY CHURCH, INC.					
Principal Place of Business 117 PATTERSON DR P. O. BOX 1801 AUBURDALE FL 33823 US			Mailing Address P O BOX 1801 P. O. BOX 1801 AUBURDALE FL 33823 US		



2. Principal Place of Business 21 2010 Spirit Lake Road Suite, Apt. #, etc. 22 City & State 23 Winter Haven, Florida Zip Country 24 33880-1540 25 U.S.A.		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 09/10/1984 4. FEI Number 59-2462989 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent READY, BILLY R., ESQ. WADDELL AND READY, P.A. 209 PALMETTO ST. AUBURDALE FL 33823				10. Name and Address of New Registered Agent 81 Name Scott H. Langston 82 Street Address (P.O. Box Number is Not Acceptable) 117 Florida Avenue S. 83 84 City Lakeland FL 85 Zip Code 33801			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement 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 of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Scott H. Langston* (NOTE: Registered Agent signature required when reinstating) DATE 4/28/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	STANLEY, GENE E.		1.2 NAME	Laws, George W.			
STREET ADDRESS	117 PATTERSON DR.		1.3 STREET ADDRESS	2010 Spirit Lake Road			
CITY-ST-ZIP	AUBURDALE FL		1.4 CITY-ST-ZIP	Winter Haven, FL 33880-1540			
TITLE	SDT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	STANLEY, ELIZABETH J.		2.2 NAME	Laws, Judith B.			
STREET ADDRESS	117 PATTERSON DR.		2.3 STREET ADDRESS	2010 Spirit Lake Road			
CITY-ST-ZIP	AUBURDALE FL		2.4 CITY-ST-ZIP	Winter Haven, FL 33880-1540			
TITLE	PSDT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	STANLEY, ELIZABETH J.		3.2 NAME	Kinstetter, David E.			
STREET ADDRESS	117 PATTERSON DR		3.3 STREET ADDRESS	324 Sand Pine Trail			
CITY-ST-ZIP	AUBURDALE FL		3.4 CITY-ST-ZIP	Winter Haven, FL 33880			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	STANLEY, LINA		4.2 NAME	Tully, Dennis M.			
STREET ADDRESS	253 WINTER RIDGE BLVD		4.3 STREET ADDRESS	2010 Spirit Lake Road			
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	Winter Haven, FL 33880-1540			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME	Stanley, Lina			
STREET ADDRESS			5.3 STREET ADDRESS	217 Polk Street W.			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Auburndale, FL 33823			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 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 an attachment with an address, with all other like empowered.

SIGNATURE: *George W. Laws* SIGNATURE REQUIRED 4/28/99 941-287-9837
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)