

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010722

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** THINE INHERITANCE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

18978 NE 4TH COURT  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 171254  
HIALEAH, FL 330171254

**New Mailing Address:**

PO BOX 171254  
HIALEAH, FL 33017

**FEI Number:** 27-1272926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRISON, KAREN  
13650 NW 4TH ST.  
#2-102  
PEMBROKE PINES, FL 33028 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:** P  
**Name:** HARRISON, CRAIG PASTOR  
**Address:** 13650 NW 4TH ST. #2-102  
**City-St-Zip:** PEMBROKE PINES, FL 33028

**Title:** T  
**Name:** HARRISON, KAREN PROPHET  
**Address:** 13650 NW 4TH ST. #2-102  
**City-St-Zip:** PEMBROKE PINES, FL 33028

**Title:** S  
**Name:** FUSSELL, KAMMY  
**Address:** P O BOX 693722  
**City-St-Zip:** MIAMI, FL 33269

I hereby 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 all other like empowered.

**SIGNATURE:** CRAIG HARRISON

P

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date