FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

SIGNATURE:

1996

N09153

(0)

FAMILY WORSHIP CEN	TER CHURCHES, INC.
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7	770				
Principal Place	of Business	Mailing Address		r nageriar are david rains teath. After	is sent manne mange Genet nonet namet nimte bilde
1350 E MAIN Lakeland Fi	=	1350 E MAIN ST. Lakeland FL 33801			
				 Date Incorporated or Qualified 05/08/1985 	3a. Date of Last Report 02/20/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-2522794	Not Applicable
22	, c.c.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State	····	6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
<i>Z</i> (p	Country	Zip	Country	8. This corporation has liability for	
24	9. Name and Address of Curren	29	30]		Yes No
	s. Name and Address of Curren	r negistered Agent	81 Name	10. Name and Address of New R	egistered Agent
SCAPRO	ROUGH, REGINALD HOLTON				
	AM ROAD		82 Stree	t Address (P.O. Box Number is Not Acceptab	le)
	ND FL 33801		83		
- " 12-2 11					
			84 City		FL 85 Zip Code 33 8 1 3
11. Pursuant to	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above-named	convoration submits this statement for the pure board of directors. I hereby accept the appoint	pose of changing its registered office
familiar wit	h, and accept the obligations of Section	ion 617 garige Florida Statutes.	d by the corporation	s board of directors. I hereby accept the appoint	pintment as registered agent. I am
SIGNATURE _	11-11	Mar Se		$\overline{}$	1/26/96
12.	Signature Typed or printed name of registered agent			e required when reinstating)	DATE
TOLE	PD OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFF	
NAME	SCARBOROUGH, REGINALD I		1.1 TITLE		Change Addition
STREET ADDRESS	4910 ELAM ROAD	I I	1.2 NAME 1.3 STREET ADDRESS	.	
CITY - ST - ZIP	LAKELAND FL 33813		1.4 CITY-ST-ZIP	` .	
THILE	VD	DELETE	2 1 TITLE		Change Addition
NAME	SCARBOROUGH, NINA E		22 NAME		
STREET ADDRESS	4910 ELAM ROAD		23 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		2 4 CITY-ST-ZIP		
TITLE	D	DELETE	3 1 TITLE		Change Addition
NAME	SCARBOROUGH, SHAWN		3.2 NAME		
STREET ADORESS	4910 ELAM ROAD		3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	LAKELAND FL 33813 DST	DELETE	3.4. CITY-ST-ZIP		
NAME	WARD, GLENN		4.1 TITLE		Change Addition
STREET ADDRESS	146 MIRROR LANE NORTH W	FST	4. 2 NAME 4.3 STREET ADDRESS		
CHY-ST-ZIP	WINTER HAVEN FL 33881	LVI	4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		□ □ - 1000-1001
STREET ADDRESS			5 3 STREET ADDRESS		
C-TY-ST-Z-P			54 CHTY-ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		•
CITY-ST-ZIP	continue that the information as a first	Ath this fline is a late to the	6.4 CITY-ST-ZIP		
certify that oath; that I appears in	receive that the information supplied value information indicated on this annual am an officer or director of the corpor Block 12 or Block 13 tenanged, or or	viur uils tiling is voluntarily furnis al report or supplemental angal ration or the receiver or trustee in an attachment with ap addres	and does not qualified and a sempowered to execute to execute the second and a second a second and a second a	alify for the exemption stated in Section 119. ccurate and that my signature shall have the ite this report as required by Chapter 617, Flo	07(3)(k), Florida Statutes, I further same legal effect as if made under orida Statutes; and that my name

941 687 8837 Daytime Phone #