

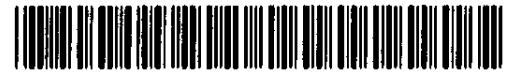
FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09153 (0)
1. Corporation Name
FAMILY WORSHIP CENTER CHURCHES, INC.



Principal Place of Business 1990 E MAIN ST. LAKELAND FL 33801	Mailing Address 1990 E MAIN ST. LAKELAND FL 33801
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3. Date Incorporated or Qualified 05/08/1985	
4. FEI Number 59-2522794	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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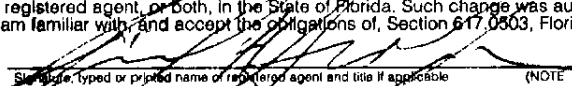
9. Name and Address of Current Registered Agent

**SCARBOROUGH, REGINALD HOLTON
4910 ELAM ROAD
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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  DATE **1-30-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCARBOROUGH, REGINALD H	
STREET ADDRESS	4910 ELAM ROAD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCARBOROUGH, MNA E	
STREET ADDRESS	4910 ELAM ROAD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCARBOROUGH, SHAWN	
STREET ADDRESS	4910 ELAM ROAD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	WARD, GLENN	
STREET ADDRESS	146 MIRROR LANE NORTH WEST	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	G. Shawn Scarborough
3.3 STREET ADDRESS	1203 Edgewater Dr.
3.4 CITY-ST-ZIP	Lakeland, FL 33805
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ward, Glenn
4.3 STREET ADDRESS	726 Cambridge Way
4.4 CITY-ST-ZIP	Lake Wales, FL 33853
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE  DATE **01-22-98** **041-687-8827**

CR2E037 (10/97)