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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N09153

1. Corporation Name

FAMILY WORSHIP CENTER CHURCHES, INC.

Principal Place of Business

1350 E MAIN ST. LAKELAND FL 33801

Mailing Address

1350 E MAIN ST. LAKELAND FL 33801



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/08/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number 59-2522794

Applied For Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired [checked]

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution [unchecked]

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCARBOROUGH, REGINALD HOLTON 4910 ELAM ROAD LAKELAND FL 33801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/1/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD SCARBOROUGH, REGINALD H [checkbox] DELETE NAME SCARBOROUGH, REGINALD H STREET ADDRESS 4910 ELAM ROAD CITY-ST-ZIP LAKELAND FL 33813

1.1 TITLE [checkbox] Change [checkbox] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE VD SCARBOROUGH, NINA E [checkbox] DELETE NAME SCARBOROUGH, NINA E STREET ADDRESS 4910 ELAM ROAD CITY-ST-ZIP LAKELAND FL 33813

2.1 TITLE [checkbox] Change [checkbox] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE DST SCARBOROUGH, SHAWN [checkbox] DELETE NAME SCARBOROUGH, SHAWN STREET ADDRESS 1203 EDGEWATER DR CITY-ST-ZIP LAKELAND FL 33805

3.1 TITLE [checkbox] Change [checkbox] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE D WARD, GLENN [checkbox] DELETE NAME WARD, GLENN STREET ADDRESS 726 CMBRIDGE WAY CITY-ST-ZIP LAKE WALES FL 33853

4.1 TITLE [checkbox] Change [checkbox] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE [checkbox] DELETE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE [checkbox] Change [checkbox] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE [checkbox] DELETE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE [checkbox] Change [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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

94 697 9887

Daytime Phone #

CR2E037 (1/198)