FILE NOW: FILING FEE IS \$61.25

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.

Princ	cip	al Pla	ice o	f Busines
1250	_	MAIN	ет	

2. Principal Place of Business

Suite, Apt. #, etc.

LAKELAND FL 33801

Mailing Address

1350 E MAIN ST. LAKELAND FL 33801

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90144 017 ****70.00

|--|--|--|

3. Date Incorporated or Qualifed

05/08/1985

59-2522794

4. FEI Number

2		27				59-2522794		Not	Applicable	
City & Stat	e	City &	State			E. C. different of Status Desired	□ \$1	3.75 A	dditional	
23		28				5. Certifcate of Status Desired	4 2	Fee Red	quired	
Zip	Country	Zip	- 40	Country	· 	6. Election Campaign Financing		5.00 h	Mav Be	
14	25	29	30			Trust Fund Contribution		Added to		
9. Name and Address of Current Registered Agent						10. Name and Address of New R	Registered Agen	t		
				81	Name					
0040000	OHOLL PEOPLALD HOLTON				0	· · · · · · · · · · · · · · · · · · ·				
SCARBOROUGH, REGINALD HOLTON			82	Street Address (P.O. Box Number is Not Acceptable)						
4910 ELAN				83						
LAKELAND) FL 33801									
				84	City		FL 85	Zip C	ode	
			Flacida Statutas 4	<u> </u>		paration submits this statement for the	numose of chan	ning its r	enistered	
office or r	to the provisions of Sections 617,0502 egistered agent, or both, in the State o m familier with, and Scoopt the obligati	and 617.1506 fFlorida. S⊯ch	change was autho	rized by	the corporati	on's board of directors. I hereby accep	ot the appointmen	t as reg	istered	
agent. I a	m familiar with, and accept the obligation	ons of Section	617.0503, Florida	Statutes.	•		2/1/2			
SIGNATURE	1 HAR						21117	7		
12.	Signature, typed or project name of registered agent			istered Agen -13.	t signature require	ADDITIONS/CHANGES TO OF	FICERS AND DI	RECTO	RS IN 12	
		DIRECTORS	☐ DELETE	1,1 TITLE		ADDITIONAL TRACES TO CA		hange	Addition	
TITLE	PD		L beceit							
NAME	SCARBOROUGH, REGINALD H			1.2 NAME						
STREET ADDRESS	4910 ELAM ROAD			1.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33813			1.4 CITY-ST	T-Z!P			Change	Addition	
TITLE	VD		☐ DELETE	2.1 TITLE		:	L)	mange		
NAME	SCARBOROUGH, NINA E			2.2 NAME	,	•				
STREET ADDRESS	4910 ELAM ROAD			2.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33813			2.4 CITY-S	T-ZIP					
TITLE	DST		☐ DELETE	3.1 TITLE			LI.	Change	Addition	
NAME	SCARBOROUGH, SHAWN			3.2 NAME						
STREET ADDRESS	1203 EDGEWATER DR			3.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33805			3.4. CITY-S	T-ZIP					
TITLE	D		DELETE	4.1 TITLE				Change	Addition	
NAME	WARD, GLENN			4. 2 NAME						
STREET ADDRESS	726 CMBRIDGE WAY			4.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKE WALES FL 33853			4.4 CITY-ST	T-ZIP					
TITLE	The state of the s		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	T AODRESS					
CITY-ST-ZIP				5.4 CITY-ST	T-ZIP					
TITLE			☐ DELETE	6.1 TITLE				Change	Addition	
NAME				6.2 NAME		•				
STREET ADDRESS				6.3 STREET	T ADDRESS					
				6.4 CITY-ST	_{T-ZiP}					
CITY-ST-ZIP	<u> </u>			3.7 0/11 1-0	· • ·	Section 410 07(2)(i) Florido Statutos		1.10 - 1-	<u> </u>	

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 of proposered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on an attainment with an address, with all other the empowered.

SIGNATURE

Applied For

Not Applicable