## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09153

FILED Feb 12, 2004 Secretary of State

Entity Name: FAMILY WORSHIP CENTER CHURCHES, INC.

Current Principal Place of Business: New Principal Place of Business:

1350 E MAIN ST. 1350 E MAIN ST

LAKELAND, FL 33801 LAKELAND, FL 338015715 US

Current Mailing Address: New Mailing Address:

1350 E MAIN ST. 1350 E MAIN ST

LAKELAND, FL 33801 LAKELAND, FL 338015715 US

FEI Number: 59-2522794 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

SCARBOROUGH, REGINALD HOLTON

1410 HOLLGINSWORTH OAKS DR.

LAKELAND, FL 338032359 US

SCARBOROUGH, REGINALD H REV
1820 BROKEN ARROW TRAIL N
LAKELAND, FL 338134855 US

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: REGINALD H SCARBOROUGH 02/12/2004

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 SCARBOROUGH, REGINAL, D H
 Name:
 SCARBOROUGH, REGINAL, D H

 Address:
 1410 HOLLINGSWORTH OAKS DR.
 Address:
 1820 BROKEN ARROW TRAIL N

 City-St-Zip:
 LAKELAND, FL 338032355
 City-St-Zip:
 LAKELAND, FL 338134855 US

Title:VD( ) DeleteTitle:VD(X) Change ( ) AdditionName:SCARBOROUGH, NINA E,Name:SCARBOROUGH, NINA E,Address:1410 HOLLINGSWORTH OAKS DR.Address:1820 BROKEN ARROW TRAIL N

Address: 1410 HOLLINGSWORTH OAKS DR. Address: 1820 BROKEN ARROW TRAIL N
City-St-Zip: LAKELAND, FL 338032355 City-St-Zip: LAKELAND, FL 338134855 US

Title: DST () Delete Title: DST (X) Change ( ) Addition SCARBOROUGH, SHAWN, Name: SCARBOROUGH, SHAWN, Name: 1839 SANDY KNOLL CIR S 1839 SANDY KNOLL CIR S Address: Address: City-St-Zip: LAKELAND, FL 338133078 City-St-Zip: LAKELAND, FL 338133078 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 WARD, GLENN
 Name:
 WARD, GLENN

 Address:
 PO BOX 1703
 Address:
 PO BOX 1703

City-St-Zip: LAKELAND, FL 338021703 City-St-Zip: LAKELAND, FL 338021703 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REGINALD H. SCARBOROUGH PD 02/12/2004