

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09153

FILED
Feb 09, 2005
Secretary of State

Entity Name: FAMILY WORSHIP CENTER CHURCHES, INC.

Current Principal Place of Business:

1350 E MAIN ST
LAKELAND, FL 338015715 US

New Principal Place of Business:

Current Mailing Address:

1350 E MAIN ST
LAKELAND, FL 338015715 US

New Mailing Address:

FEI Number: 59-2522794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCARBOROUGH, REGINAL, D H
Address: 1820 BROKEN ARROW TRAIL N
City-St-Zip: LAKELAND, FL 338134855 US

Title: VD () Delete
Name: SCARBOROUGH, NINA E,
Address: 1820 BROKEN ARROW TRAIL N
City-St-Zip: LAKELAND, FL 338134855 US

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

Title: D () Delete
Name: WARD, GLENN
Address: PO BOX 1703
City-St-Zip: LAKELAND, FL 338021703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCARBOROUGH, REGINALD H

PD

02/09/2005

Electronic Signature of Signing Officer or Director

Date