

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 13, 2008  
Secretary of State**

DOCUMENT# N09153

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: 2007 HATTERAS PT  
City-St-Zip: LAKELAND, FL 33813 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 exemption stated in Chapter 119, 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

02/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date