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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N17006**

1. Corporation Name

**THE WORSHIP CENTER, INC.**

Principal Place of Business

418 2ND ST.  
P O BOX 1282  
WEWAHITCHKA FL 32465

Mailing Address

THE WORSHIP CENTER INC.  
~~PO BOX 1282~~ Po Box 130  
WEWAHITCHKA FL 32465  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/25/1986

4. FEI Number

59-2737185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**PETTIS, CHARLES  
CORNER OF SECOND STREET AND HENRY AVENUE  
WEWAHITCHKA FL 32465**

10. Name and Address of New Registered Agent

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

*Charles Pettis*

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/17/99*

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PETTIS, CHARLES**  
STREET ADDRESS **WEWA RT. 75-411**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **VD** ☐ DELETE

NAME **PETTIS, CYNTHIA**  
STREET ADDRESS **WEWA RT. 75-411**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **STD** ☐ DELETE

NAME **STEPHENS, GEORGE P., III**  
STREET ADDRESS **OLD BAINBRIDGE ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Rev Charles Pettis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/17/99*  
Date

*(850)639-5923*  
Daytime Phone #

CR2E037 (1/98)