

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20657

FILED
Mar 02, 2005
Secretary of State

Entity Name: THE FAMILY WORSHIP CENTER OF INDIANTOWN INCORPORATED

Current Principal Place of Business:

15285 SW INDIANMOUND DR
P.O. BOX 1
INDIANTOWN, FL 349560001

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1
INDIANTOWN, FL 349560001

New Mailing Address:

FEI Number: 65-0004545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, CAROLYN W
16500 SW WADFIELD BLVD
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

LAWRENCE, CAROLYN W
16500 SW WARFIELD BLVD
INDIANTOWN, FL 34956 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:

03/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HATAWAY, OWEN R
Address: 15431 SW PALM DR
City-St-Zip: INDIANTOWN, FL 34956 US

Title: D () Delete
Name: EDWARDS, CRAIG
Address: 15801 SW PALOMINO ST
City-St-Zip: INDIANTOWN, FL 34956 US

Title: D () Delete
Name: GILLIAM, ALLEN
Address: 15950 SW PALOMINO ST
City-St-Zip: INDIANTOWN, FL 34956 US

Title: S () Delete
Name: LAWRENCE, CAROLYN W
Address: 16200 SW MAPLE AVE
City-St-Zip: INDIANTOWN, FL 34956 US

Title: D () Delete
Name: HERMAN, HARRY
Address: 15112 SW TRAIL CT
City-St-Zip: INDIANTOWN, FL 34956 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:

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: CAROLYN W. LAWRENCE

SEC

03/02/2005

Electronic Signature of Signing Officer or Director

Date