

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:06

DOCUMENT # N93000004263 (0)

1. Corporation Name

LIVING HOPE WORSHIP CENTER, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1993
3a. Date of Last Report 03/08/1994
4. FEI Number 59-3202615
Applied For Not Applicable

Principal Place of Business

Mailing Address

8800 49TH STREET, NORTH
STE. 303
PINELLAS PARK FL 34666
US

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STE. 303
PINELLAS PARK FL 34666
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 6471 102nd AVE. N.

26 6740 69TH AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PINELLAS PARK, FL

City & State

28 PINELLAS PARK, FL

Zip

24 34666

Country

25 PINELLAS

Zip

29 34665

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORAN, RANDY D
6740 69TH AVE N
PINELLAS PARK FL 34665

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FORAN, RANDY D
STREET ADDRESS 6740 69TH AVE N
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE D
NAME EVANS, RANDALL S
STREET ADDRESS 1852 STETSON DR
CITY-ST-ZIP CLEARWATER FL 34625

TITLE D
NAME STRAYER, WILLIAM S
STREET ADDRESS 2840 ORCHARD HIGHLANDS DR
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Randy D. Foran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY D. FORAN

2/14/95 813-544-2129