

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004263 (0)

1. Corporation Name

LIVING HOPE WORSHIP CENTER, INC.



Principal Place of Business

**6741 102ND AVE. N.
PINELLAS PARK FL 34666
US**

Mailing Address

**6740 69TH AVE. N.
PINELLAS PARK FL 34664
US**

3. Date Incorporated or Qualified
09/16/1993

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

21 6471 102nd Ave. N.

Suite, Apt. #, etc.

**22 City & State
23 Pinellas Park, FL**

Zip

24 34666

Country

25 USA

2a. Mailing Address

26 6740 69th Ave. N.

Suite, Apt. #, etc.

**27 City & State
28 Pinellas Park, FL**

Zip

29 34665

Country

30 USA

4. FEI Number
59-3202615

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**

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

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 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:

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

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

TITLE **D** ☐ DELETE
NAME **STRAYER, WILLIAM S**
STREET ADDRESS **2640 ORCHARD HIGHLANDS DR**
CITY-ST-ZIP **PALM HARBOR FL 34684**

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 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* **RANDY D. FORAN**

2/18/96

813-544-2129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)