

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 # N94000000037 (1)

1. Corporation Name

WORD OF GRACE CHRISTIAN CHURCH AND CRUSADE, INC.



Principal Place of Business

512 N. FLORIDA AVE
LAKELAND FL 33805
US

Mailing Address

P.O. BOX 92887
LAKELAND FL 33804-2887
US

3. Date Incorporated or Qualified
01/05/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 640 West 5th Ave

26 AS ABOVE

4. FEI Number
59-3227847

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

22 City & State

27 City & State

23 LAKE LAND FLORIDA

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

THETE, MOSEKIMANG L
730 EAST FIRST STREET
APT. 1F
LAKELAND FL 33801

President Ex Officio

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 is applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
THETE, M. L
730 E. FIRST STREET, APT 1F
LAKELAND FL

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
THETE, KATHLEEN B
730 EAST FIRST STREET, #1F
LAKELAND FL

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
FIELDER, CLARENCE J
501 TRUMAN ANNEX
KEY WEST FL

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
S
FELDER, KEITH
390 CAROL BLVD, #4
AUBURNDALE FL

21 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
S
TINSLEY, MAGRET L
711 ORANGE STREET
AUBURNDALE FL

22 NAME ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
C
TINSLEY, PATRICIA
713 1/2 ORANGE STREET
AUBURNDALE FL

23 STREET ADDRESS ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)