

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90093 050 \*\*\*\*70.00

0066534

DOCUMENT # N97000001079

1. Corporation Name

LAKELAND WORD OF FAITH CHURCH, INC.

Principal Place of Business

772 SPICEWOOD DR  
LAKELAND FL 33801

Mailing Address

772 SPICEWOOD DR  
LAKELAND FL 33801



2. Principal Place of Business

21 1553 S. Combee Rd

Suite, Apt. #, etc.

22 City & State

23 Lakeland FL

Zip

24 33801

Country

25 USA

2a. Mailing Address

26 772 Spicewood Dr.

Suite, Apt. #, etc.

27 City & State

28 Lakeland, FL

Zip

29 33801

Country

30 USA

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

59-3430532

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

KESTNER, PATRICIA  
772 SPICEWOOD DR  
LAKELAND FL 33801

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

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 KESTNER, PATRICIA  
STREET ADDRESS 772 SPICEWOOD DR  
CITY-ST-ZIP LAKELAND FL 33801

DELETE

TITLE D  
NAME KESTNER, DEL  
STREET ADDRESS 772 SPICEWOOD DR  
CITY-ST-ZIP LAKELAND FL 33801

DELETE

TITLE T  
NAME KING, INEZ  
STREET ADDRESS 701 W 6TH ST  
CITY-ST-ZIP LAKELAND FL 33801

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P/D  
Kestner, Patricia  
772 Spicewood Dr.  
Lakeland, FL. 33801

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

V/D  
Kestner, Del  
772 Spicewood Dr.  
Lakeland, FL. 33801

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

T  
McQuitty, Floyd  
918 Dove Ridge Dr  
Lakeland, FL. 33803-3708

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Kestner

1/5/99 (94) 667-4934  
Date Daytime Phone #

CR2E037 (11/98)