


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90569 028 \*\*\*\*70.00

<b>DOCUMENT # N97000001079</b>					
<b>1. Entity Name</b> LAKELAND WORD OF FAITH CHURCH, INC.					
<b>Principal Place of Business</b> 430 LONGFELLOW BLVD. LAKELAND, FL 33801 US			<b>Mailing Address</b> 430 LONGFELLOW BLVD. LAKELAND, FL 33801		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 478		04222004    Chg-NP    CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Highland City, FL			
Zip	Country	Zip 33846-0478	Country USA		
<b>4. FEI Number</b> 59-3430532				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KESTNER, PATRICIA E PD 772 SPICEWOOD DR LAKELAND, FL 33801			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL    Zip Code</div>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when re-instating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD	<b>NAME</b> KESTNER, PATRICIA E PASTOR	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 772 SPICEWOOD DR	LAKELAND, FL 33801		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> VD	<b>NAME</b> KESTNER, DEL L VD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 772 SPICEWOOD DR	LAKELAND, FL 33801		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> T	<b>NAME</b> KISTNER, SAMUEL J TRUSTEE	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3315 CITRUS DR.	BARTOW, FL 33830		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY-ST-ZIP		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY-ST-ZIP		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY-ST-ZIP		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Patricia E. Kestner</i>			<b>PATRICIA E. KESTNER</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/23/04    863-860-8293		
<small>Date</small>			<small>Daytime Phone #</small>		