

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90402 032 ****61.25

DOCUMENT # N98000003742

1. Entity Name

THE WORD CHRISTIAN CENTER, INC.



Principal Place of Business

POST OFFICE BOX 390535
DELTONA FL 32739-0535

Mailing Address

POST OFFICE BOX 390535
DELTONA FL 32739-0535

94078213



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3521288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALSTEAD, ALICIA S
2025 REDGATE LANE
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PDT
NAME: HALSTEAD, ALICIA S ☐ Delete
STREET ADDRESS: 2025 REDGATE LN
CITY-ST-ZIP: DELTONA FL 32738

TITLE: VDT
NAME: HALSTEAD, KENNETH III ☐ Delete
STREET ADDRESS: 121 A LULLWATER
CITY-ST-ZIP: DELTONA FL 32738

TITLE: TTRD
NAME: JONES, LOUVENIA D ☐ Delete
STREET ADDRESS: 2025 REDGATE LN
CITY-ST-ZIP: DELTONA FL 32738

TITLE: SD
NAME: REIFINGER, MELISSA ☐ Delete
STREET ADDRESS: 29 BOUGANVILLE DR.
CITY-ST-ZIP: DEBARY FL 32713

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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.

SIGNATURE:

Alicia S Halstead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

(386) 5328465

Daytime Phone #