

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

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004860

1. Entity Name

WAUCHULA WORSHIP CENTER, INC.



Principal Place of Business

102 NORTH 6TH AVENUE
WAUCHULA FL 33873

Mailing Address

102 NORTH 6TH AVENUE
WAUCHULA FL 33873

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0859565

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRICK, STEPHEN L
102 NORTH 6TH AVENUE
WAUCHULA FL 33873

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 (re)stating)

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: PD
NAME: PATRICK, STEPHEN L
STREET ADDRESS: 102 NORTH 6TH AVENUE
CITY-ST-ZIP: WAUCHULA FL 33873 ☐ Delete

TITLE: D
NAME: WELLS, JAMIE
STREET ADDRESS: 3342 MERLE LUNGFINE RD
CITY-ST-ZIP: ZOLFO SPRINGS FL 33890 ☐ Delete

TITLE: STD
NAME: PATRICK, JEANNIE F
STREET ADDRESS: 102 NORTH 6TH AVENUE
CITY-ST-ZIP: WAUCHULA FL 33873 ☐ Delete

TITLE: D
NAME: MC DONALD, JACKIE
STREET ADDRESS: 1761 STATE ROAD 60 EAST
CITY-ST-ZIP: VALRICO FL 33-8594 ☐ Delete

TITLE: D
NAME: WELLS, JAY
STREET ADDRESS: 102 N. 6TH AVE.
CITY-ST-ZIP: WAUCHULA FL 33873 ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: U000000033993
CITY-ST-ZIP: 02/05/04-80065-009 70.00

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

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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 life empowered.

SIGNATURE:

Feb. 2, 2004 863-773-2929