2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# N98000004860

Entity Name: WAUCHULA WORSHIP CENTER, INC.

Current Principal Place of Business:

102 NORTH 6TH AVENUE
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

102 NORTH 6TH AVENUE
WAUCHULA, FL 33873

New Mailing Address:

PO BOX 1470
WAUCHULA, FL 338731470

FEI Number: 65-0859565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCARBOROUGH, REGINALD H
102 NORTH 6TH AVENUE
WAUCHULA, FL 33873 US

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.

SIGNATURE: REGINALD H. SCARBOROUGH 04/24/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PATRICK, STEPHEN L
Address: 102 NORTH 6TH AVENUE
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: WELLS, JAMIE
Address: 102 NORTH 6TH AVE
City-St-Zip: WAUCHULA, FL 33873

Title: STD ( ) Delete
Name: PATRICK, JEANNIE F
Address: 102 NORTH 6TH AVENUE
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: MCDONALD, JACKIE
Address: 102 N 6TH AVE
City-St-Zip: WAUCHULA, FL 33873

Title: D (X) Delete
Name: WELLS, JAY
Address: 102 N. 6TH AVE.
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCARBOROUGH, REGINALD H
Address: 102 NORTH 6TH AVENUE
City-St-Zip: WAUCHULA, FL 33873

Title: D (X) Change ( ) Addition
Name: BAKER, KENNETH
Address: 102 NORTH 6TH AVE
City-St-Zip: WAUCHULA, FL 33873

Title: STD (X) Change ( ) Addition
Name: WARD, F. GLENN
Address: 102 NORTH 6TH AVENUE
City-St-Zip: WAUCHULA, FL 33873

Title: VPD (X) Change ( ) Addition
Name: SCARBOROUGH, G. SHAWN
Address: 102 N 6TH AVE
City-St-Zip: WAUCHULA, FL 33873

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. GLENN WARD D 04/24/2006
Electronic Signature of Signing Officer or Director Date