

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004489

Entity Name: THE WHOLE ARMOUR OF GOD WORSHIP CENTER, INC.**Current Principal Place of Business:**3529 SAINT JOHN STREET
PANAMA CITY, FL 32401-5747**Current Mailing Address:**1307 KENTUCKY AVE
LYNN HAVEN, FL 32444-2250 US**FEI Number:** 59-3688803**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MORNING, BEN NONE III
1307 KENTUCKY AVE
LYNN HAVEN, FL 32444-2250 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:** BEN MORNINGIII

01/03/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR
Name MORNING, BEN NONE III
Address 1307 KENTUCKY AVE
City-State-Zip: LYNN HAVEN FL 32444-2250

Title ASST. PASTOR, ELDER
Name MORNING, TERRY LAMOR
Address 165 NORTH KIMBREL AVE
City-State-Zip: CALLAWAY FL 32404

Title PRESIDENT
Name MORNING, DORIS ETHELDA
Address 1307 KENTUCY AVE
City-State-Zip: LYNN HAVEN FL 32444-2250

Title DEACONESS, SECRETARY,
TREASURER
Name RUSS, TRESSIE DARLENE
Address 6720 PRIDGEN STREET
City-State-Zip: CALLAWAY FL 32404

Title ASST. SECRETARY / ASST.
TREASURE / TRUSTEE
Name BUSH, COLBI
Address 1307 KENTUCKY AVE
City-State-Zip: LYNN HAVEN FL 32444-2250

Title CO-TRUSTEE, DEACON
Name MORNING, MARCUS DEPREST
Address 1307 KENTUCKY AVE
City-State-Zip: LYNN HAVEN FL 32444-2250

I hereby 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 all other like empowered.

SIGNATURE: BEN MORNING III

PASTOR

01/03/2018

Electronic Signature of Signing Officer/Director Detail

Date