

2020 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

04/04/2020

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, PAUL LAMAR
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 MORNINGIII

PASTOR

04/04/2020

Electronic Signature of Signing Officer/Director Detail

Date