

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739989

FILED
Apr 24, 2007
Secretary of State

Entity Name: FAMILY WORSHIP CENTER OF SEMINOLE COUNTY, INC.

Current Principal Place of Business:

2462 S PARK AVE.
SANFORD, FL 327714420

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5058
SANFORD, FL 327725058

New Mailing Address:

FEI Number: 59-2031648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KRALL, JEFFREY B
107 RAMBLEWOOD DR
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRALL, JEFFREY B
Address: 107 RAMBLEWOOD DR
City-St-Zip: SANFORD, FL 32773

Title: VD () Delete
Name: KRALL, CHRIS
Address: 159 CIRCLE HILL RD
City-St-Zip: SANFORD, FL 32773

Title: STD () Delete
Name: CUBBERLY, CHRIS
Address: 22415 INDIANWOOD WAY
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JEFFREY B KRALL

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date