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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12106

1. Corporation Name
FAMILY WORSHIP CENTER, INC. OF WEST PALM BEACH, FLORIDA

Principal Place of Business FAMILY WORSHIP CENTER 365 JOG ROD WEST PALM BCH FL 33415 US	Mailing Address FAMILY WORSHIP CENTER 365 JOG RD WEST PALM BEACH FL 33415 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/15/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SHIPMAN, FREDERICK D. 1714 BANYAN CREEK COURT BOYNTON BEACH FL 33436	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	SHIPMEN, FREDERICK D. 1714 BANYAN CREEK COURT BOYNTON BEACH FL	1.1 TITLE SHIPMAN, FREDERICK D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	LEE, RICHARD 7720 STONE HARBOR DR LAKE WORTH FL	2.1 TITLE CAMPANY, EDWARD 1170 Hatteras Circle Greenacres, FL 33413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	DAVIS, JENKIN 11866 DONLIN DRIVE W. PALM BCH. FL	3.1 TITLE JONES, CHRISTOPHER 17105 Key Lime Blvd. Loxahatchee, FL 33470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	MORLEY BARNETT 6891 BEACON HOLLOW TURN BOYNTON BEACH FL	4.1 TITLE JOSEPH, SHIRLEY 1827 Jog Road, Apt. 204 West Palm Beach, FL 33413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	HENDRICK, LARRY 5361 SANDHURST CIR N LAKE WORTH FL	5.1 TITLE KUBLALSINGH, STEVE 365 Jog Road West Palm Beach, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	PEREZ, JOEL 6424 TRAVIS RD LAKE CLARKE SHORES FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **REQUIRE** 3/17/99 (561) 683-6633
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)