

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90048 019 \*\*\*\*70.00

**DOCUMENT # N97000003321**

1. Entity Name

**CONTINENTAL WORSHIP CENTER, INC.**

Principal Place of Business

2132 HWY 90 WEST  
 DEFUNIAK SPRINGS FL 32433  
 US

Mailing Address

2132 HWY 90 WEST  
 DEFUNIAK SPRINGS FL 32433  
 US

2. Principal Place of Business

3. Mailing Address

*P.O. Box 456*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*DEFUNIAK SPRINGS, FL*

4. FEI Number

**59-3449150**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMSON, WAYNE  
 WELTON & WILLIAMSON, P.A.  
 1020 FERDON BLVD.SOUTH  
 CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
DS	MCCORMICK, KATHALYN		
2402 HWY 90 W	DEFUNIAK SPRINGS FL 32433		
DP	MCCORMICK, JAMES EDWARD		
2402 HWY 90 W	DEFUNIAK SPRINGS FL 32433		
DV	MCCORMICK, JAMES ERIC		
2402 HWY 90 W	DEFUNIAK SPRINGS FL 32433		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathalyn McCormick* **2-8-01** **850-892 5524**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)