

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003321

FILED  
Jan 09, 2002  
Secretary of State

Entity Name: CONTINENTAL WORSHIP CENTER, INC.

**Current Principal Place of Business:**

2132 HWY 90 WEST  
DEFUNIAK SPRINGS, FL 32433 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BO X456  
DEFUNIAK SPRINGS, FL 32435 US

**New Mailing Address:**

FEI Number: 59-3449150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILLIAMSON, WAYNE  
WELTON & WILLIAMSON, P.A.  
1020 FERDON BLVD. SOUTH  
CRESTVIEW, FL 32536 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: DS ( ) Delete  
Name: MCCORMICK, KATHALYN  
Address: 2402 HWY 90 W  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DP ( ) Delete  
Name: MCCORMICK, JAMES EDWARD  
Address: 2402 HWY 90 W  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: MCCORMICK, MICHAEL DION  
Address: 97 SANTA ROSA AVENUE  
City-St-Zip: WESTVILLE, FL 32464

Title: D ( ) Delete  
Name: MATTHEWS, DAVID  
Address: 970 KINGS LAKE BLVD.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D (X) Delete  
Name: VAN SCHMIDT, FRANK  
Address: RT 1 BOX 188  
City-St-Zip: WING, AL 36483

Title: D (X) Delete  
Name: MAXIE, GEORGE  
Address: 542 CTY HWY 1087  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**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:

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 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 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: KATHALYN MC CORMICK

DS

01/09/2002

Electronic Signature of Signing Officer or Director

Date