

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 07, 2006  
Secretary of State**

DOCUMENT# N97000003321

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:**

PO BOX 456  
DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 59-3449150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WILLIAMSON, WAYNE  
WELTON & WILLIAMSON, P.A.  
1020 FERDON BLVD. SOUTH  
CRESTVIEW, FL 32536 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DP ( ) Delete  
Name: MCCORMICK, JAMES ERIC  
Address: 5487 COY BURGESS LOOP  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

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

Title: D (X) Change ( ) Addition  
Name: BETTS, DARYL  
Address: P.O. BOX 456  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

Title: D (X) Change ( ) Addition  
Name: MATTHEWS, DAVID  
Address: 1903 DR NELSON RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: KATHALYN MCCORMICK

DS

07/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date