

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90035 043 \*\*\*\*61.25

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|                                                                                         |  |                                                                                   |                                                                             |                                                                                                          |  |
|-----------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                         |  |  |                                                                             | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N97000005680</b>                                                          |  |                                                                                   |                                                                             |                                                                                                          |  |
| 1. Corporation Name<br><b>CHRISTIAN FAMILY WORSHIP CENTER, INC.</b>                     |  |                                                                                   |                                                                             |                                                                                                          |  |
| Principal Place of Business<br><b>1301 SOUTH CAROLINA STREET<br/>LAKE CITY FL 32055</b> |  |                                                                                   | Mailing Address<br><b>1301 SOUTH CAROLINA STREET<br/>LAKE CITY FL 32055</b> |                                                                                                          |  |



|                                                                                                                                      |  |                                  |                                                       |                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br><b>21</b>                                                                                          |  | 2a. Mailing Address<br><b>26</b> |                                                       | 3. Date Incorporated or Qualified<br><b>10/03/1997</b>                                                                 |  |
| Suite, Apt. #, etc.<br><b>22</b>                                                                                                     |  | Suite, Apt. #, etc.<br><b>27</b> |                                                       | 4. FEI Number<br><b>59-3471868</b>                                                                                     |  |
| City & State<br><b>23</b>                                                                                                            |  | City & State<br><b>28</b>        |                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |
| Zip<br><b>24</b>                                                                                                                     |  | Country<br><b>25</b>             |                                                       | 6. Election Campaign Financing<br>Trust: Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 9. Name and Address of Current Registered Agent<br><b>WILLIAMS, LLOYD S DR<br/>1301 SOUTH CAROLINA STREET<br/>LAKE CITY FL 32055</b> |  |                                  | 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                                        |                                                                                                                        |  |

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

| 12. OFFICERS AND DIRECTORS |                            |                                            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                   |                                 |                                              |
|----------------------------|----------------------------|--------------------------------------------|--|-------------------------------------------------------|-------------------|---------------------------------|----------------------------------------------|
| TITLE                      | D                          | <input type="checkbox"/> DELETE            |  | 1.1 TITLE                                             | Letha Miller      | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                       | WILLIAMS, LLOYD S DR       |                                            |  | 1.2 NAME                                              | P.O. box 502      |                                 |                                              |
| STREET ADDRESS             | 1301 SOUTH CAROLINA STREET |                                            |  | 1.3 STREET ADDRESS                                    | Alaucha, FL 32619 |                                 |                                              |
| CITY-ST-ZIP                | LAKE CITY FL 32055         |                                            |  | 1.4 CITY-ST-ZIP                                       |                   |                                 |                                              |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            |  | 2.1 TITLE                                             |                   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | JOHNSON, NORMAN            |                                            |  | 2.2 NAME                                              |                   |                                 |                                              |
| STREET ADDRESS             | 1301 SOUTH CAROLINA STREET |                                            |  | 2.3 STREET ADDRESS                                    |                   |                                 |                                              |
| CITY-ST-ZIP                | LAKE CITY FL 32055         |                                            |  | 2.4 CITY-ST-ZIP                                       |                   |                                 |                                              |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            |  | 3.1 TITLE                                             |                   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | JOHNSON, ELSIE             |                                            |  | 3.2 NAME                                              |                   |                                 |                                              |
| STREET ADDRESS             | 1301 SOUTH CAROLINA STREET |                                            |  | 3.3 STREET ADDRESS                                    |                   |                                 |                                              |
| CITY-ST-ZIP                | LAKE CITY FL 32055         |                                            |  | 3.4 CITY-ST-ZIP                                       |                   |                                 |                                              |
| TITLE                      | D                          | <input checked="" type="checkbox"/> DELETE |  | 4.1 TITLE                                             |                   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | WITHERSPOON, AVON          |                                            |  | 4.2 NAME                                              |                   |                                 |                                              |
| STREET ADDRESS             | 1301 SOUTH CAROLINA STREET |                                            |  | 4.3 STREET ADDRESS                                    |                   |                                 |                                              |
| CITY-ST-ZIP                | LAKE CITY FL 32055         |                                            |  | 4.4 CITY-ST-ZIP                                       |                   |                                 |                                              |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            |  | 5.1 TITLE                                             |                   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | WASHINGTON, CYNTHIA        |                                            |  | 5.2 NAME                                              |                   |                                 |                                              |
| STREET ADDRESS             | 1301 SOUTH CAROLINA STREET |                                            |  | 5.3 STREET ADDRESS                                    |                   |                                 |                                              |
| CITY-ST-ZIP                | LAKE CITY FL 32055         |                                            |  | 5.4 CITY-ST-ZIP                                       |                   |                                 |                                              |
| TITLE                      |                            | <input type="checkbox"/> DELETE            |  | 6.1 TITLE                                             |                   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       |                            |                                            |  | 6.2 NAME                                              |                   |                                 |                                              |
| STREET ADDRESS             |                            |                                            |  | 6.3 STREET ADDRESS                                    |                   |                                 |                                              |
| CITY-ST-ZIP                |                            |                                            |  | 6.4 CITY-ST-ZIP                                       |                   |                                 |                                              |

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lloyd S. Williams* 4-25-99  
1800 1758-8140

CR2E037 (11/98)