

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005680

1. Entity Name
CHRISTIAN FAMILY WORSHIP CENTER, INC.



Principal Place of Business
**1110 N.W. PONCE DE LEON DR
APT D-2
HIGH SPRINGS, FL 32643**

Mailing Address
**P.O. BOX 2187
HIGH SPRINGS, FL 32655**



02182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3471868

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, LLOYD S DR
1110 N.W. PONCE DE LEON DR
APT D-2
HIGH SPRINGS, FL 32643**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME WILLIAMS, LLOYD S DR
STREET ADDRESS 1110 N.W. PONCE DE LEON DR APT. D-2
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE D
NAME WASHINGTON, CYNTHIA
STREET ADDRESS P.O. BOX 72 CASON RD
CITY-ST-ZIP OLUSTEE, FL 32072

TITLE D
NAME MILLER, LETHA
STREET ADDRESS 18473 N.W. 141ST ST
CITY-ST-ZIP ALACHUA, FL 32616

TITLE T
NAME SIMPSON, LINDA
STREET ADDRESS 104 BEECH ST
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000324100
04/22/05-80081-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Lloyd S. Williams* **Lloyd S. Williams** 4/17/05 386-454-8851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #