

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90011 025 ****70.00

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																																																																								
2. Principal Place of Business - No P.O. Box # 220 N.E. 1st Ave Suite, Apt. #, etc. High Springs, FL		3. Mailing Address P.O. Box 2187 Suite, Apt. #, etc. High Springs, FL																																																																										
City & State High Springs, FL		City & State High Springs, FL		4. FEI Number 59-3471868																																																																								
Zip 32655		Country U.S.A.		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 Deceased				7. Name and Address of New Registered Agent Name Cynthia Washington Street Address (P.O. Box Number is Not Acceptable) 15920 N.W. 141 St City Alachua FL Zip Code 32615																																																																								
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. PASTOR SIGNATURE Cynthia Washington Cynthia Washington 1/7/08 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																												
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																								
Make check payable to Florida Department of State																																																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>D WILLIAMS, LLOYD S DR</td> <td>1110 N.W. PONCE DE LEON DR APT. D-2</td> <td>HIGH SPRINGS, FL 32643</td> <td style="text-align: center;">☒</td> </tr> <tr> <td></td> <td>D WASHINGTON, CYNTHIA</td> <td>P.O. BOX 72 CASON RD</td> <td>OLUSTEE, FL 32072</td> <td style="text-align: center;">☐</td> </tr> <tr> <td></td> <td>D MILLER, LETHA</td> <td>16473 N.W. 141ST ST</td> <td>ALACHUA, FL 32616</td> <td style="text-align: center;">☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐</td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td>Director Washington Cynthia</td> <td>15920 N.W. 141 St</td> <td>Alachua, FL 32615</td> <td style="text-align: center;">☒</td> <td style="text-align: center;">☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td></td> <td>Director Gloria Jones</td> <td>822955 S.E. Railroad Ave.</td> <td>High Springs, FL 32655</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☒</td> </tr> <tr> <td></td> <td>Officer Swanson Miller</td> <td>16473 N.W. 141 St.</td> <td>Alachua, FL 32616</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☒</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		D WILLIAMS, LLOYD S DR	1110 N.W. PONCE DE LEON DR APT. D-2	HIGH SPRINGS, FL 32643	☒		D WASHINGTON, CYNTHIA	P.O. BOX 72 CASON RD	OLUSTEE, FL 32072	☐		D MILLER, LETHA	16473 N.W. 141ST ST	ALACHUA, FL 32616	☐					☐					☐					☐	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition		Director Washington Cynthia	15920 N.W. 141 St	Alachua, FL 32615	☒	☐					☐	☐		Director Gloria Jones	822955 S.E. Railroad Ave.	High Springs, FL 32655	☐	☒		Officer Swanson Miller	16473 N.W. 141 St.	Alachua, FL 32616	☐	☒					☐	☐
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Cynthia Washington Cynthia Washington 1/7/08 352-871-0301 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																												