2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# N97000005680

Entity Name: CHRISTIAN FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

220 NE 1ST AVE
HIGH SPRINGS, FL 32655

New Principal Place of Business:

Current Mailing Address:

220 NE 1ST AVE
HIGH SPRINGS, FL 32655

New Mailing Address:

P. O. BOX 2187
HIGH SPRINGS, FL 32655

FEI Number: 59-3471868 **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:

WASHINGTON, CYNTHIA
15920 NW 141ST
ALACHUA, FL 32615 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: D ( ) Delete
Name: WASHINGTON, CYNTHIA
Address: 15920 NW 141 ST
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: MILLER, LETHA
Address: 16473 N.W. 141ST ST
City-St-Zip: ALACHUA, FL 32616

Title: D ( ) Delete
Name: JONES, GLORIA
Address: 822955 SE RAILROAD AVE
City-St-Zip: HIGH SPRINGS, FL 32655

Title: O ( ) Delete
Name: MILLER, SWANSON
Address: 16473 NW 141ST ST
City-St-Zip: ALACHUA, FL 32616

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:

I hereby certify that the information supplied with this filing does not qualify 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: CYNTHIA WASHINGTON DIRE 05/18/2009

Electronic Signature of Signing Officer or Director — Date