

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

16F2

DOCUMENT # N99000000985

1. Entity Name

UNITED WORSHIP CENTER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02-28-2001 90122 043 ***61.25

01 APR 12 AM 9:03

C0028158



DO NOT WRITE IN THIS SPACE

Principal Place of Business 109 N.W. 14 STREET POMPANO BEACH FL 33060	Mailing Address 109 N.W. 14 STREET POMPANO BEACH FL 33060
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0891826	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILLIAMS, IZELL
109 N.W. 14 STREET
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE: *[Signature]* DATE: 2/22/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: D	NAME: WILLIAMS, IZELL STREET ADDRESS: 1773 N.W. 6TH TERRACE CITY-ST-ZIP: POMPANO BEACH FL 33060
TITLE: D	NAME: [Handwritten Name] STREET ADDRESS: [Handwritten Address] CITY-ST-ZIP: [Handwritten City-State-Zip]
TITLE: D	NAME: [Handwritten Name] STREET ADDRESS: [Handwritten Address] CITY-ST-ZIP: [Handwritten City-State-Zip]
TITLE: D	NAME: [Handwritten Name] STREET ADDRESS: [Handwritten Address] CITY-ST-ZIP: [Handwritten City-State-Zip]
TITLE: D	NAME: [Handwritten Name] STREET ADDRESS: [Handwritten Address] CITY-ST-ZIP: [Handwritten City-State-Zip]
TITLE: D	NAME: [Handwritten Name] STREET ADDRESS: [Handwritten Address] CITY-ST-ZIP: [Handwritten City-State-Zip]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	NAME: Barron, Mary STREET ADDRESS: 2031 NW 9 Street CITY-ST-ZIP: Pompano, Beach, FL 33060
TITLE: D	NAME: Lillie Montgomery STREET ADDRESS: 1880 NW 16 Avenue CITY-ST-ZIP: Pompano Beach, FL 33060
TITLE: D	NAME: [Handwritten Name] STREET ADDRESS: [Handwritten Address] CITY-ST-ZIP: [Handwritten City-State-Zip]
TITLE: D	NAME: Black, Robin STREET ADDRESS: 708 NW 15 Place CITY-ST-ZIP: Pompano Beach, FL 33060
TITLE: D	NAME: [Handwritten Name] STREET ADDRESS: [Handwritten Address] CITY-ST-ZIP: [Handwritten City-State-Zip]

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section *19.07(3)(i), 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: *[Signature]* DATE: 2/22/01 DAYTIME PHONE: 954-946-9676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

Attachment Doc # ~~N99000000985~~
~~50058158~~
Delete
Pitts, Warren - D.
4801 NW 19 COURT
Lauderhill, FL 33313

Afford, Dolphin - D. Delete
2217 SW 5th Place
Ft. Lauderdale, FL 33312

Storr, Patricia - T Delete
125 SW 8th COURT
Delray, FL 33444

Page, Temequia - T Delete
4685 NW 15th COURT
Tamarac, FL 33319

Pitts, Elizabeth - T Delete
4801 NW 19th COURT
Lauderhill, FL 33313