

2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # **N99000000985**

1. Entity Name

United Worship Center, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 10 AM 10:44

Principal Place of Business Mailing Address
 109 NW 14 Street, #4 109 NW 14 Street, #4
 Pompano Beach, FL Pompano Beach, FL
 33069 33069

2. Principal Place of Business 3. Mailing Address
 109 NW 14 Street 109 NW 14 Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #4 #4

DO NOT WRITE IN THIS SPACE

City & State City & State
 Pompano Beach, FL Pompano Beach, FL
 Zip Country Zip Country
 33069 USA 33069 USA

4. FEI Number **65-D891826** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Warren Pitts
 4801 NW 19 Court
 Lauderdale, FL 33313

7. Name and Address of New Registered Agent
 Name *Izell Williams*
 Street Address (P.O. Box Number is Not Acceptable)
 1773 NW 6th Terrace
 City *Pompano Beach* FL Zip Code *33060*

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 *Izell Williams* Chairman 8-5-01
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW: FEE IS \$61.25
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	Warren Pitts
STREET ADDRESS	4801 NW 19 Court
CITY-ST-ZIP	Lauderdale, FL 33313
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	John Smith
STREET ADDRESS	721 NW 39 Avenue
CITY-ST-ZIP	FL. Lauderdale, FL 33312
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	Dolphin Afford
STREET ADDRESS	2217 SW 5 Place
CITY-ST-ZIP	FL. Lauderdale, FL 33312
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	Patricia Starr
STREET ADDRESS	125 SW 8 Court
CITY-ST-ZIP	Delray, FL 33444
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	Tamequia Page
STREET ADDRESS	721 NW 39 Avenue
CITY-ST-ZIP	FL. Lauderdale, FL 33312
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	Elizabeth Pitts
STREET ADDRESS	4801 NW 19 Court
CITY-ST-ZIP	Lauderdale, FL 33313

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Izell Williams</i>
STREET ADDRESS	1773 NW 6 Terrace
CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Barron
STREET ADDRESS	2031 NW 6 Avenue
CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Chestnut
STREET ADDRESS	2074 NW 5.5 Way
CITY-ST-ZIP	Lauderdale, FL 33313
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Black
STREET ADDRESS	708 NW 15 Place
CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	800004548988
STREET ADDRESS	-08/22/01--01056--028
CITY-ST-ZIP	*****66.25 *****66.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: *Izell Williams* Izell Williams 8-5-01 954-946-9676
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)