

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90349 025 ****61.25

DOCUMENT # N99000002531

1. Entity Name
THE INSTITUTE FOR WORSHIP STUDIES FLORIDA CAMPUS



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
151 KINGSLEY AVE **151 KINGSLEY AVE**
ORANGE PARK FL 32073 **ORANGE PARK FL 32073-5640**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3576254 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, DOUGLAS A
170 MALAGA STREET STE A
ST AUGUSTINE FL 32084

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, 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 \$5.00 May Be Added to Fees
 Trust Fund Contribution.

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WEBBER, ROBERT E	
STREET ADDRESS	821 PINEGROVE CT	
CITY-ST-ZIP	WHEATON IL 60187	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, RICHARD C	
STREET ADDRESS	837 S CHESTNUT AVE	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASCOE, SAMUEL C	
STREET ADDRESS	2385 BIRDWOOD R	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DARRELL A HARRIS		
STREET ADDRESS	417 HOPE AVE		
CITY-ST-ZIP	FRANKLIN TN 37067		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JANET HARRIS		
STREET ADDRESS	417 HOPE AVE		
CITY-ST-ZIP	FRANKLIN TN 37067		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: *Richard C Leonard* **Richard C Leonard** **4-28-00** **847-222-9761**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)