

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90276 047 ****61.25

DOCUMENT # N99000002531

1. Entity Name

THE INSTITUTE FOR WORSHIP STUDIES FLORIDA CAMPUS

Principal Place of Business

151 KINGSLEY AVE
 ORANGE PARK FL 32073

Mailing Address

151 KINGSLEY AVE
 ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3576254

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE 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 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, ROBERT E	
STREET ADDRESS	821 PINEGROVE CT	
CITY-ST-ZIP	WHEATON IL 60187	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, RICHARD C	
STREET ADDRESS	837 S CHESTNUT AVE	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCOE, SAMUEL C	
STREET ADDRESS	2385 BIRDWOOD R	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, DARRELL A	
STREET ADDRESS	417 HOPE AVE	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, JANET E	
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		

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 2, 2001 847.222.9761
 Date Daytime Phone #

CB05037 (1/01)