

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753071

Entity Name: FAITH FAMILY WORSHIP CENTER, INC.**Current Principal Place of Business:**14514 DEL VALLE RD
C/O LEON JACKSON
TAMPA, FL 33625**Current Mailing Address:**14514 DEL VALLE RD
C/O LEON JACKSON
TAMPA, FL 33625**FEI Number:** 59-2082500**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JACKSON, LEON WENDEL SR.
7303 ALTALOMA ST
TAMPA, FL 33625 US*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:** LEON WENDEL JACKSON

06/13/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PDC
Name	JACKSON, LEON W
Address	7303 ALTA LOMA ST.
City-State-Zip:	TAMPA FL 33625

Title	STD
Name	GAMBLE, GRACE
Address	14101 BARSDALE LANE
City-State-Zip:	TAMPA FL 33625

Title	DIRECTOR
Name	HOFFER, DANIEL
Address	14514 DEL VALLE ROAD
City-State-Zip:	TAMPA FL 33625

Title	DIRECTOR
Name	TAYLOR, DORIS .
Address	14039 CASCADE LANE
City-State-Zip:	TAMPA FL 33618

Title	DIRECTOR
Name	THROOP, RALPH
Address	14104 BARSDALE LANE
City-State-Zip:	TAMPA FL 33625

Title	TREASURER
Name	GONZALEZ, BRIAN
Address	14514 ROCKY POINT DRIVE
City-State-Zip:	TAMPA FL 33625

I hereby 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 all other like empowered.

SIGNATURE: LEON W JACKSON

PRESIDENT

06/13/2019

Electronic Signature of Signing Officer/Director Detail

Date