# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707805** **(8)**

1. Corporation Name

**CHRIST WORSHIP CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 600 LEVY ROAD<br>ATLANTIC BEACH FL 32233 | 600 LEVY ROAD<br>ATLANTIC BEACH FL 32233 |

3. Date Incorporated or Qualified: **09/14/1964**

3a. Date of Last Report: **02/02/1995**

4. FEI Number: **59-2882384** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

WILT, CHERYL C.
2855 SANDCASTLE LANE
ATLANTIC BEACH FL 32233

**10. Name and Address of New Registered Agent**

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 11 TITLE | PD | ☑ Change ☐ Addition |
| NAME | ROBERTS, DANIEL | | 12 NAME | WATSON, Eddie | |
| STREET ADDRESS | 1190 BAYSORE DRIVE NORTH | | 13 STREET ADDRESS | 5718 Merrill Road | |
| CITY-ST-ZIP | ATLANTIC BEACH FL | | 14 CITY-ST-ZIP | Jacksonville FL, | |
| TITLE | ST | ☐ DELETE | 21 TITLE | ST | ☑ Change ☐ Addition |
| NAME | WILT, CHERYL | | 22 NAME | WILT, Cheryl | |
| STREET ADDRESS | 2855 SANDCASTLE LANE | | 23 STREET ADDRESS | 3060 Calder Drive | |
| CITY-ST-ZIP | ATLANTIC BEACH FL | | 24 CITY-ST-ZIP | Jacksonville Bch, FL | |
| TITLE | VPD | ☒ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | MYERS, DEAN | | 32 NAME | | |
| STREET ADDRESS | 2268 MAYPORT RD. #95 | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | ATLANTIC BEACH FL | | 34 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | DENT, WILLIS | | 42 NAME | | |
| STREET ADDRESS | 4340 EVE DR. EAST | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 44 CITY-ST-ZIP | | |
| TITLE | VPD | ☒ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | WATSON, EDDIE | | 52 NAME | | |
| STREET ADDRESS | 5718 MERRIL RD. | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 54 CITY-ST-ZIP | | |
| TITLE | VPD | ☒ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | BRADDOCK, ROBERT JR. | | 62 NAME | | |
| STREET ADDRESS | 135-A ATLANTIC GARDEN CIRCLE | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | | 64 CITY-ST-ZIP | | |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Cheryl C. Wilt Sec/Tres. 4-7-96 992-9132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #