FILE NOW: FILING FEE IS $61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 ATLANTIC BEACH FL 32233	600 LEVY ROAD ATLANTIC BEACH FL 32233-2622

3. Date Incorporated or Qualified: **09/14/1964**
3a. Date of Last Report: **04/12/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

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: Vicky Lynn Gillis
82 Street Address (P.O. Box Number is Not Acceptable): 8211 N. Frost St.
83
84 City: Jacksonville FL 85 Zip Code: 32221

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: Vicky Lynn Gillis — 5-4-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	WATSON, EDDIE		1.2 NAME	GILLIS, Larry G. (Sr.)	
STREET ADDRESS	5718 MERRILL ROAD		1.3 STREET ADDRESS	8211 N. FROST ST.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	ST	☑ DELETE	2.1 TITLE	ST	☑ Change ☐ Addition
NAME	WILT, CHERYL		2.2 NAME	Vicky Lynn Gillis	
STREET ADDRESS	3060 CALDER DR.		2.3 STREET ADDRESS	8211 N. Frost St.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, Fl 32221	
TITLE	VPD	☑ DELETE	3.1 TITLE	VPD	☑ Change ☐ Addition
NAME	DENT, WILLIS		3.2 NAME	ANGELA STRONG	
STREET ADDRESS	4340 EVE DR. EAST		3.3 STREET ADDRESS	1365 Violet ST.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	ATLANTIC Bch. FLA 32233	
TITLE		☐ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME			4.2 NAME	RICHARD WILLIAMS	
STREET ADDRESS			4.3 STREET ADDRESS	120 MAYPORT RD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Larry G. Gillis Sr. PASTOR (PD) — 5-4-97 — (904)781-0946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone [illegible]