## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 707805

1. Corporation Name

CHRIST WORSHIP CENTER, INC.

Principal Place of Business 600 LEVY ROAD ATLANTIC BEACH FL 32233

2. Principal Place of Business

de Ant # oto

21

Mailing Address

600 LEVY ROAD

2a. Mailing Address

Suite Ant # etc

26

ATLANTIC BEACH FL 32233

## FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90013 019 \*\*\*\*61.25

603403<sup>3</sup>- 90013 - 19 3



Applied For

3. Date Incorporated or Qualifed 09/14/1964

4. FEI Number

City & State  Country  City & State  Country  City & State  City & State  Country  City & State  Country  City & State  Country  City & State  Country  City & State  Country  City & State  City & St	22	#, 6tc.	27		_	59-2882384	Not Applicable	
23   28   29   29   30   30   5. Certificate of Status Desired   Fee Required   Zip   Country   Zip   Country   Zip   Country   5. Certificate of Status Desired   Fee Required   Fee Required   Zip   Country   Zip   Country   5. Certificate of Status Desired								
Zip						5. Certificate of Status Desired	Fee Required	
24 25 29 30 Trust Fund Contribution Added to Fees  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name CRALD William Cuatis  82 Street Address (P.O. Box Number is Not Acceptable)  7632 South S.D.E. BLYD. # 333  83 City Acksonville FL 32221  84 City Acksonville FL 85 Zip Code  9. Name and Address of New Registered Agent  85 Street Address (P.O. Box Number is Not Acceptable)  86 City Acksonville FL 85 Zip Code  9. Name and Address of New Registered Agent  87 Surface Address (P.O. Box Number is Not Acceptable)  88 City Acksonville FL 85 Zip Code  9. Name and Address of New Registered Agent  89 Street Address (P.O. Box Number is Not Acceptable)  80 City Acksonville FL 85 Zip Code  9. Name and Address of New Registered Agent  80 City Acksonville FL 85 Zip Code  9. Name and Address of New Registered Agent  80 City Acksonville FL 85 Zip Code  9. Name and Address of New Registered Agent  80 City Acksonville FL 85 Zip Code  9. Name and Address of New Registered Agent  80 City Acksonville FL 85 Zip Code  9. Name and Address of New Registered Agent  80 City Acksonville FL 85 Zip Code  9. Name Address (P.O. Box Number is Not Acceptable)  9. Name Address of New Registered Agent  80 City Acksonville FL 85 Zip Code  9. Addition  11. Pursuant to the provisions of Sections 617.0502 and 617.1508 Norida Statutes, the address as the name and registered agent of the Purpose of Change agent to the Purpose of Change agent to the Purpose of Change agent to the Purpose and Total Agent agent to the Companies and Statutes, the address as the Purpose agent to the Purpose of Change agent to the Purpose agent to the Purpose agent to the Purpose agent to the Purpose and Total Agent agent to the Companies agent to the Purpose agent to the Purpos	Zip	Country	4 <u></u>	Country		6. Election Campaign Financing	\$5.00 May Be	
9. Name and Address of Current Registered Agent  81 Name GERALD WILLIAM CURIS  82 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  83 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  84 City 76.32 South \$10.6 BLYD. # 33.3  85 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  85 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  86 City 76.32 South \$10.6 BLYD. # 33.3  87 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  87 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  87 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  88 City 76.32 South \$10.6 BLYD. # 33.3  89 City 76.32 South \$10.6 BLYD. # 33.3  80 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  80 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  80 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  80 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  80 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  80 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  80 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 33.3  80 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 30.6  80 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 30.6  80 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 30.6  80 Street Address (P.O., Box Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 30.6  80 Street Address (P.O., Box Number is Number is Number is Not Acceptable) 76.32 South \$10.6 BLYD. # 30.6  80 Street Address (P.O., Box Number is Numbe	<u> </u>		29	0			•	
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GILLIS, VICKI LYNN 8211 N FROST ST  JACKSONVILLE FL 32221  83  84 City  JACKSONVILLE  11. Pursuant to the provisions of Sections 617.0502 and 617.1508 Norida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar work, and accept the objectives of control of the corporation submits this statement for the purpose of changing its registered agent. I am familiar work, and accept the objectives of control of directors. I hereby accept the appointment as registered agent. I am familiar work, and accept the objectives of control of directors. I hereby accept the appointment as registered agent. I am familiar work, and accept the objectives of control of directors. I hereby accept the appointment as registered agent. I am familiar work, and accept the objectives of corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar work, and accept the objective of printed name of registered agent and title if appointment as registered agent. I am familiar work, and accept the objective of printed name of registered agent and title if appointment as registered agent. I am familiar work, and accept the objectives of control of directors. I hereby accept the appointment as registered agent. I am familiar work, and accept the objective of printed name of registered agent and title if appointment as registered agent. I am familiar work, and accept the objective of printed name of registered agent. I am familiar work, and accept the objective of printed name of registered agent. I am familiar work, and accept the objective of printed name of registered agent. I am familiar work, and accept the objective of printed name of registered agent. I am familiar work, and accept the objective of printed name of registered agent. I am familiar work, and accept the objective of printed name of registered agent. I am familiar work, and accept the objective of printed nam registered agent. I am familiar work, and accept the objective				81	81 Name Cranto Milliam Cuatis			
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JACKSONVILLE FL 32221    84						1632 South SIDE BLYD.	# 333	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508 Norida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 word, and accept the obligations of, Section 17.0503. Elanda Statutes.  SIGNAPORE  Signature typed or printed name of registered agent and dife if apphaeta (NOTE Registered Agent aignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN.12  TITLE PD Change Addition  NAME GILLIS, LARRY G SR  1.2 NAME GERALD WILLIAM CURTIS  TALE ST JACKSONVILLE FL  1.4 CITY-ST-ZIP JACKSONVILLE FL  TITLE ST JACKSONVILLE FL  1.2 NAME  GILLIS, VICKY LYNN  STREET ADDRESS  8211 N FROST ST  2.2 NAME  STREET ADDRESS  8211 N FROST ST  2.3 STREET ADDRESS  8211 N FROST ST  3.3 STREET ADDRESS  8211 N FROST ST  2.3 STREET ADDRESS  8211 N FROST ST  3.3 STREET ADDRESS  6THY-ST-ZIP  DELETE  3.1 STREET ADDRESS  6THY-ST-ZIP  JACKSONVILLE FL  3.3 STREET ADDRESS  GTY-ST-ZIP  JACKSONVILLE FL  3.3 STREET ADDRESS  GTY-ST-ZIP  JACKSONVILLE FL  3.3 STREET ADDRESS  GTY-ST-ZIP  JACKSONVILLE FL  3.4 CITY-ST-ZIP  JACKSONVILLE FL  3.4 CITY-ST-ZIP  TITLE  DELETE  Change Addition  Change Addition  Change Addition	OE ( ) ( ) ( )							
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CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  14 L 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	CITY-ST-ZIP					C. O. F. 440 07/0/0 Fb 24 Co. 44 D. W.	an andifut hat the information	

indicated on this annual report or supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informat 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/his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on all attachment with an addless, with all other like empowered.

SIGNATURE

(904) 564-2124