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

FILED
Aug 10, 1999 8:00 am
Secretary of State
08-10-1999 90013 019 ****61.25

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DOCUMENT # 707805

1. Corporation Name
CHRIST WORSHIP CENTER, INC.

603403 - 90013 - 19

Principal Place of Business	Mailing Address
600 LEVY ROAD ATLANTIC BEACH FL 32233	600 LEVY ROAD ATLANTIC BEACH FL 32233

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/14/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2882384 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GILLIS, VICKI LYNN
8211 N FROST ST
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

81 Name: GERALD William Curtis
82 Street Address (P.O. Box Number is Not Acceptable): 7632 SouthSIDE BLVD. # 333
83
84 City: Jacksonville FL 85 Zip Code: 32256

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: Gerald William Curtis 8/5/99
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	GILLIS, LARRY G SR		1.2 NAME	GERALD William Curtis	
STREET ADDRESS	8211 N FROST ST		1.3 STREET ADDRESS	7632 SouthSIDE BLVD. #333	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	ST	☑ DELETE	2.1 TITLE	ST	☑ Change ☐ Addition
NAME	GILLIS, VICKY LYNN		2.2 NAME	VERDELLA B. PUTMAN	
STREET ADDRESS	8211 N FROST ST		2.3 STREET ADDRESS	8714 SANLUNDO ST.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GAMMONS, MICHAEL		3.2 NAME		
STREET ADDRESS	11 DEMOCRACY ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32250		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, CHRIST		4.2 NAME		
STREET ADDRESS	1263 FATHERWOOD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		4.4 CITY-ST-ZIP		
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 (5/99)

14. 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 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, with all other like empowered.

SIGNATURE: Gerald William Curtis 8/5/99 (904) 564-2124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #