FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -6 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737419 (2)

1. Corporation Name

FAITH WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
55314 FIFTH STREET P.O. BOX 613 ASTOR FL 32102	55314 FIFTH STREET P.O. BOX 613 ASTOR FL 32102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1976
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-2163586 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 55314 Fifth St.	26 P.O. Box 613
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Astor, Fla.	City & State 28 Astor, Fla.
Zip 24 32012 Country 25 USA	Zip 29 32012 Country 30 USA

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRASWELL, BOBBY E.
55314 FIFTH STREET
ASTOR FL 32102

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE BOBBY E. BRASWELL
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	DST	1.1 TITLE	VTD	☒ Change ☐ Addition
NAME	BRASWELL, MARILYN E.	1.2 NAME	BRASWELL, MARILYN E.	
STREET ADDRESS	55314 FIFTH ST.	1.3 STREET ADDRESS	55314 FIFTH ST.	
CITY-ST-ZIP	ASTOR FL	1.4 CITY-ST-ZIP	ASTOR, FL	
TITLE	PD	2.1 TITLE	PD	☐ Change ☐ Addition
NAME	BRASWELL, BOBBY E.	2.2 NAME	BRASWELL, BOBBY E.	
STREET ADDRESS	55314 FIFTH ST.	2.3 STREET ADDRESS	55314 FIFTH ST.	
CITY-ST-ZIP	ASTOR FL	2.4 CITY-ST-ZIP	ASTOR, FL.	
TITLE	D	3.1 TITLE	D	☐ Change ☐ Addition
NAME	CHANCE, PAM	3.2 NAME	CHANCE, PAM	
STREET ADDRESS	24007 RIVER RD	3.3 STREET ADDRESS	24007 RIVER RD.	
CITY-ST-ZIP	ASTOR FL	3.4 CITY-ST-ZIP	ASTOR, FL.	
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	CRIPE, DAVID	4.2 NAME	CRIPE, DAVID	
STREET ADDRESS	23505 ST. RD. 40	4.3 STREET ADDRESS	23505 ST. RD. 40	
CITY-ST-ZIP	ASTOR FL	4.4 CITY-ST-ZIP	ASTOR, FL.	
TITLE	D	5.1 TITLE	DS	☒ Change ☐ Addition
NAME	CRIPE, RITA	5.2 NAME	CRIPE, RITA	
STREET ADDRESS	23505 ST RD 40	5.3 STREET ADDRESS	23505 ST. RD. 40	
CITY-ST-ZIP	ASTOR FL	5.4 CITY-ST-ZIP	ASTOR, FL.	
TITLE	D	6.1 TITLE	D (ADVISOR)	☐ Change ☐ Addition
NAME	PROCTOR, IRENE	6.2 NAME	PROCTOR, IRENE	
STREET ADDRESS	55606 LIGHTFOOT RD.	6.3 STREET ADDRESS	55606 LIGHTFOOT RD.	
CITY-ST-ZIP	ASTOR FL	6.4 CITY-ST-ZIP	ASTOR, FL.	

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: BOBBY E. BRASWELL Bobby E Braswell 3/1/95 (904)759-2611
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Title Daytime Phone #

0023142