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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 737419					
1. Corporation Name FAITH WORSHIP CENTER, INC.					
Principal Place of Business 55314 FIFTH STREET ASTOR FL 32012 US			Mailing Address PO BOX 613 ASTOR FL 32012 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/01/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2163586	
24 Country		29 Country		30	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

BRASWELL, BOBBY E.
55314 FIFTH STREET
ASTOR FL 32102

81 Name **MARILYN E BRASWELL**
 82 Street Address (P.O. Box Number is Not Acceptable)
55314 FIFTH ST
 83 **ASTOR FL**
 84 City **ASTOR** **FL** 85 Zip Code **32102**

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 Marilyn E Braswell Marilyn E Braswell 3/17/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	1.1 TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 32102
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASWELL, BOBBY E.	2.2 NAME	
STREET ADDRESS	55314 FIFTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIFE, DAVID	3.2 NAME	
STREET ADDRESS	23505 ST. RD. 40	3.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIFE, RITA	4.2 NAME	
STREET ADDRESS	23505 ST RD 40	4.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASWELL, BOBBY E JR	5.2 NAME	
STREET ADDRESS	55314 FIFTH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZITTLE, SONIA	6.2 NAME	
STREET ADDRESS	55314 FIFTH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	6.4 CITY-ST-ZIP	

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: Marilyn E Braswell Marilyn E Braswell 3/19/99 904 352-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)