

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737419

1. Entity Name

FAITH WORSHIP CENTER, INC.

R

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90051 010 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2163586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRASWELL, MARILYN E  
55314 FIFTH ST  
ASTOR FL 32102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BRASWELL, MARILYN E.	
STREET ADDRESS	55314 FIFTH ST.	
CITY-ST-ZIP	ASTOR FL 32102	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRIFE, DAVID	
STREET ADDRESS	23505 ST. RD. 40	
CITY-ST-ZIP	ASTOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRIFE, RITA	
STREET ADDRESS	23505 ST RD 40	
CITY-ST-ZIP	ASTOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRASWELL, BOBBY E JR	
STREET ADDRESS	55314 FIFTH ST	
CITY-ST-ZIP	ASTOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZITTLE, SONIA	
STREET ADDRESS	55314 FIFTH ST	
CITY-ST-ZIP	ASTOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marilyn E. Braswell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00  
Date

9045324499  
Daytime Phone #

CR2E037 (5/00)