

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90032 025 \*\*\*\*70.00

**DOCUMENT # 737419**

1. Entity 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

2327 Milton Ln  
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 503  
 Suite, Apt. #, etc.

City & State

DELAND FL  
 Zip

Country

City & State

DELEON SPRINGS FL  
 Zip

Country

4. FEI Number

59-2163586

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

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

*Marilyn E. Braswell*  
 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**

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	11 POINTSETTIA DR.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRIFE, RITA	
STREET ADDRESS	11 POINTSETTIA DR.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRASWELL, BOBBY E JR	
STREET ADDRESS	55314 FIFTH ST	
CITY-ST-ZIP	ASTOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VICKY MORTENSEN	<input checked="" type="checkbox"/>
STREET ADDRESS	2327 Milton Ln	
CITY-ST-ZIP	DELAND FL 32724	
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

MARILYN BRASWELL

Date

Daytime Phone #

2/27/02 386-7383042

CR2E037 (9/01)