## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#737419** 

Entity Name: FAITH WORSHIP CENTER, INC.

US

Apr 29, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2327 MILTON LN DELAND, FL 32724

**Current Mailing Address: New Mailing Address:** 

PO BOX 503 PO BOX 10217

DE LEON SPRINGS, FL 32130 DAYTONA BEACH, FL 32120 US US

FEI Number: 59-2163586 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRASWELL, MARILYN E BRASWELL, MARILYN E 55314 FIFTH ST PO 10217

ASTOR, FL 32102 DAYTONA BEACH, FL 32120

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: 04/29/2003

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition BRASWELL, MARILYN E., BRASWELL, MARILYN E.. Name:

55314 FIFTH ST. Address: P.O. 10217 (739 DERBYSHIRE DAYTONA FL32114 Address:

City-St-Zip: ASTOR, FL 32102 City-St-Zip: DAYTONA BEACH, FL 32120

Title: Title: (X) Change ( ) Addition ( ) Delete

CRIPE, DAVID, Name: MARILYN, BRASWELL E Name: Address: 11 POINTSETTIA DR. Address: 759 DERBYSHIRE RD. City-St-Zip: DELAND, FL 32724 City-St-Zip: DAYTONA BEACH, FL 32114

Title: (X) Delete Title: () Change () Addition

CRIPE, RITA, Name: Name: Address: 11 POINTSETTIA DR. Address: City-St-Zip: DELAND, FL 32724 City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition

BRASWELL, BOBBY E JR Name: Name: BRASWELL, BOBBY E JR Address: 55314 FIFTH ST Address: 2327 MILTON LANE City-St-Zip: ASTOR, FL City-St-Zip: DELAND, FL 32724

Title: () Delete Title: (X) Change ( ) Addition

MORTZNSON, VICKY MORTENSON, VICKY Name: Name: 2327 MILTON LANE 2327 MILTON LANE Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN BRASWELL Ρ 04/29/2003