

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90168 024 ****70.00

DOCUMENT # 739989

1. Entity Name

FAMILY WORSHIP CENTER OF SEMINOLE COUNTY, INC.



Principal Place of Business

~~1770 W AIRPORT BLVD~~
~~SANFORD FL 32771~~

Mailing Address

1770 W AIRPORT BLVD
SANFORD FL 32771

2. Principal Place of Business

2462 S. PARIC AVENUE

3. Mailing Address

P.O. BOX 5058

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

SANFORD FL

Zip

32771

Country

SEMINOLE

Zip

32772-5058

Country

SEMINOLE

4. FEI Number **59-2031648**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KRALL, JEFFREY B
107 RAMBLEWOOD DR
SANFORD FL 32773

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. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KRALL, JEFFREY B.	
STREET ADDRESS	107 RAMBLEWOOD DR	
CITY-ST-ZIP	SANFORD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KRALL, CHRIS	
STREET ADDRESS	108 LAKE ADA CIR	
CITY-ST-ZIP	SANFORD FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CUBBERLY, CHRIS	
STREET ADDRESS	22415 INDIANWOOD WAY	
CITY-ST-ZIP	EUTIS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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:

Signature of Jeffrey B. Krall
President

5/4/03

407.322.9222

CR2E037 (10/02)