

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **765111** (0)

1. Corporation Name

~~THE FAMILY REUNION CLUB, INC~~ *Neck*
TRUE PRAISE & WORSHIP CENTER INC



Principal Place of Business

Mailing Address

1713 JULIA ST.
AMERICAN BEACH FL 32034
US

1713 JULIA ST.
AMERICAN BEACH FL 32034
US

3. Date Incorporated or Qualified
09/20/1982

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GADSON, ROSELLA
RT 2 BOX 262
1713 JULIA ST
FERNANDINA BEACH FL 32034

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GADSON, ROSELLA J.	
STREET ADDRESS	RT 1 BOX 84-F	
CITY - ST - ZIP	FERNANDINA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEITON, SAMUEL	
STREET ADDRESS	RT 1 BOX 82-B4	
CITY - ST - ZIP	FERNANDINA BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLEMAN, WILLIE N	
STREET ADDRESS	NORTH 15TH STREET	
CITY - ST - ZIP	FERNANDINA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONS, FRANCIS	
STREET ADDRESS	RT 3 BOX BOX 274	
CITY - ST - ZIP	FERNANDINA BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WAY, ELIPHS JEROME	
STREET ADDRESS	694 JULIA STREET	
CITY - ST - ZIP	FERNANDINA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKLAND, CARL	
STREET ADDRESS	OLD HARTS ROAD APT 1108	
CITY - ST - ZIP	JACKSONVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	LILLIE MAE MEITON
2.4 CITY - ST - ZIP	MT 2101 V CIRCLE YULEE, FLA 32097
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	70000178E487
4.3 STREET ADDRESS	-04/19/96--01009--012
4.4 CITY - ST - ZIP	***61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	80000178E488
5.3 STREET ADDRESS	-04/19/96--01009--013
5.4 CITY - ST - ZIP	***8.75
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Rosella J. Gadson* **ROSELLA J GADSON** *4-10-96* **4-10-96** *904-261-2108* **904-261-2108**

CR2E037 (12/95)

4-18-96

JA