

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90855 002 \*\*\*\*61.25

**DOCUMENT # N01000004505**  
1. Entity Name  
**WORSHIP, INC.**



Principal Place of Business  
**109 JAMESTOWN CT  
GEORGETOWN KY 40324**

Mailing Address  
**TIMOTHY BRINSON  
PO BOX 141455  
CINCINNATI OH 45250**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2630864**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**JONES, JANNITA D MS  
7677 TORINO CT.  
ORLANDO FL 32835**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BRINSON, TIMOTHY K</b>	
STREET ADDRESS	<b>109 JAMESTOWN COURT</b>	
CITY-ST-ZIP	<b>GEORGETOWN KY 40324</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BRINSON, LORETTA</b>	
STREET ADDRESS	<b>109 JAMESTOWN COURT</b>	
CITY-ST-ZIP	<b>GEORGETOWN KY 40324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRINSON, SAMUEL J JR</b>	
STREET ADDRESS	<b>3069 CHEVRON DRIVE</b>	
CITY-ST-ZIP	<b>GUNPOWDER MY 21010</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICE, JAMES E</b>	
STREET ADDRESS	<b>122 LONG CREEK DRIVE</b>	
CITY-ST-ZIP	<b>HUNTSVILLE AL 35758</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, DAVID</b>	
STREET ADDRESS	<b>1668 MANDARIN COURT</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45240</b>	
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		

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: *Timothy K Brinson* 2/25/3 502.418.6044

CR2E037 (10/02)