

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006468

1. Entity Name

CHANGING WORLD'S FAMILY WORSHIP CENTER, INC.

Principal Place of Business

1948 HARDY ST.
JACKSONVILLE FL 32209

Mailing Address

1948 HARDY ST.
JACKSONVILLE FL 32209

2. Principal Place of Business

1948 Hardee St.

3. Mailing Address

1948 Hardee St

Suite, Apt. #, etc.

Jacksonville, FL

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

32209

Country

USA

Zip

32209

Country

USA

6. Name and Address of Current Registered Agent

KENNERLY, JAMES
1948 HARDY ST.
JACKSONVILLE FL 32209

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

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 DPV
NAME KENNERLY, JAMES ☐ Delete
STREET ADDRESS 1948 HARDY ST.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE DS
NAME KENNERLY, KIMBERLY ☐ Delete
STREET ADDRESS 1948 HARDY ST.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE DT
NAME SIMMONS, COILLIE ☐ Delete
STREET ADDRESS 3324 GLADYS RD
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90017 045 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

71-0871824

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E037 (9/01)