

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006468

FILED
Sep 19, 2008
Secretary of State

Entity Name: CHANGING WORLD'S FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

1948 HARDEE ST.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1948 HARDEE ST.
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 71-0871524 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KENNERLY, JAMES
1948 HARDEE ST.
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: KENNERLY, JAMES
Address: 1948 HARDEE ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: DS () Delete
Name: KENNERLY, KIMBERLY
Address: 1948 HARDEE ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: DT (X) Delete
Name: DARLING, FREDDIE JR
Address: 2449 WINTERWOOD CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES KENNERLY

DPV

09/19/2008

Electronic Signature of Signing Officer or Director

Date