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2003 NOT-FOR-PROFIT CORPORATION

UNIFORM	POSIMES	REPUNI	IOF
DOCUMENT #	N01000006	6468	



1. Entity Nam CHANGIN)'S FAMILY WORSI	HIP CENTE	R, INC.			I		FILEC		
1948 HARDY ST. 1948			Mailing Ad	idress				0:	3 SEP 10 A	M 8: 4	
				B HARDY ST. CKSONVILLE FL 32209		SECRETARY OF STATE TALLAHASSEF FLORIDA					
2. Principal f	Place of Busir	ness	3. Mailing	Address							
Suite, Apt. #, etc. S			Suite, /	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & Stat	te		City &	State	1·T.		4. FEI N	umber 71	-0871524		Applied For Not Applicable
Zip		Country	Zip		Country				tus Desired	Fee Red	Additional quired
	6. Name	and Address of Current	Registered A	gent			7. Name	and Addre	ess of New Registere	d Agent	
KENNERI 1948 HA	LY, JAMES				Name Street A	Address (F	P.O. Box N	umber is No	ot Acceptable)		
	NVILLE FL 3	32209					i -				·
					City				F	Zip	Code
	Signature, typed	or printed name of registered agent		. Election Camp			\$5.00 h	Лау Ве	DATE	ck Payal	
		, 2003, min will be \$2	230.25	Trust Fund Co	intribution,	Ц	Added to	Fees	Florida Depa	artment	of State
10.		OFFICERS AND DI		Trust Fund Co	11.		 		Florida Department of the STO OFFICERS AND		
TITLE NAME	DPV KENNERL	OFFICERS AND DI		Delete	11. TITLE NAME		DDITIONS	CHANGE:	S TO OFFICERS AND	DIRECTOR	S IN 10
TITLE >	DPV KENNERL 1948 HAR	OFFICERS AND DI			11.		DDITIONS	CHANGE:		DIRECTOR	S IN 10
TITLE NAME STREET ADDRESS	DPV KENNERL' 1948 HAR JACKSON DS KENNERL' 1948 HAR	OFFICERS AND DI Y, JAMES DY ST. VILLE FL 32209 Y, KIMBERLY			11. TITLE NAME STREET ADDRESS		DDITIONS	CHANGE:	S TO OFFICERS AND	DIRECTOR	S IN 10 Inge
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	DPV KENNERL' 1948 HAR JACKSON DS KENNERL' 1948 HAR JACKSON DT SIMMONS 3324 GLAI	OFFICERS AND DI Y, JAMES DY ST. VILLE FL 32209 Y, KIMBERLY DY ST. VILLE FL 32209	RECTORS	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	A	DDIȚIONS I US,	 	STO OFFICERS AND 1 123301 01018005	Char Char Char Char Char Char	S IN 10 Inge
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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:

69: 69:03

904-653-2771

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	Mr. Tyrone Scott	_
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	My Spare about a	
- 1	month ago concerning the	
.)	report for our church, Changnel	
	worlds. I have made the	
	Change to our application.	
	amount of tel. 25, because	·-
· ·	amount of Jole 1.25, because	
· · · · · · · · · · · · · · · · · · ·	on lost years reporting requisted	<u></u>
1	a certificate of Status, but	<u> </u>
	did not receive it.	E
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	Please call if the application	` . —
	Can not be processed	
 -	Thank you	_
	Kimberly Bennesly DS	
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