

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010798

FILED
Jan 03, 2007
Secretary of State

Entity Name: FAMILY WORSHIP CENTER CHIPLEY INC

Current Principal Place of Business:

531 ROCKHILL CHURCH RD
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1997 DUNCAN COMMUNITY RD
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 90-0114005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, ROBERT
1997 DUNCAN COMMUNITY RD
CHIPLEY, FL 32428 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: D () Delete
Name: NEWELL, ROBERT
Address: 1997 DUNCAN COMMUNITY RD
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: PETERSEN, THOMAS
Address: 2013 DUNCAN COMMUNITY RD
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: KOCH, RAY
Address: 2856 WILDWOOD CIR
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NEWELL, ROBERT
Address: 1997 DUNCAN COMMUNITY RD
City-St-Zip: CHIPLEY, FL 32428 US

Title: D (X) Change () Addition
Name: PETERSEN, THOMAS
Address: 2013 DUNCAN COMMUNITY RD
City-St-Zip: CHIPLEY, FL 32428 US

Title: D (X) Change () Addition
Name: PETERSON, TOMMY
Address: 1014 BEREAN CT.
City-St-Zip: CHIPLEY, FL 32428 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT NEWELL

D

01/03/2007

Electronic Signature of Signing Officer or Director

Date