

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012218

FILED  
Mar 27, 2006  
Secretary of State

**Entity Name:** GAINESVILLE FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

2110 NE 16TH TERRACE  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

2110 NE 16TH TERRACE  
GAINESVILLE, FL 32609

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRYANT, ELIZABETH  
2110 NE 16TH TERRACE  
GAINESVILLE, FL 32609 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: DP ( ) Delete  
Name: CRAWFORD, TODD  
Address: 733 TERESA DR.  
City-St-Zip: DESOTO, TX 75115

Title: DV ( ) Delete  
Name: CRAWFORD, BEVERLY  
Address: 733 TERESA DR.  
City-St-Zip: DESOTA, TX 75115

Title: ST ( ) Delete  
Name: BRYANT, ELIZABETH  
Address: 2110 NE 16TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete  
Name: BENNETT, VALERIE  
Address: 104 MCCALL LANE  
City-St-Zip: E. PALATKA, FL 32131

Title: D ( ) Delete  
Name: ROBERTSON, WILLIAM  
Address: 3803 NW 23RD TERRACE, STE. 204  
City-St-Zip: GAINESVILLE, FL 32605

**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:

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 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: TODD CRAWFORD

DP

03/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date