2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90042 018 ****70.00

DOCUMENT # N09153
Entity Name

FAMILY WORSHIP CENTER CHURCHES, INC.

Principal Place of Business	Mailing Address
1350 E MAIN ST. LAKELAND FL 33801	1350 E MAIN ST. LAKELAND FL 33801-5715

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2522794. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCARBOROUGH, REGINALD HOLTON 4910 ELAM ROAD LAKELAND FL 33801	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 _____ 2/7/00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCARBOROUGH, REGINALD H		NAME	
STREET ADDRESS	4910 ELAM ROAD		STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCARBOROUGH, NINA E		NAME	
STREET ADDRESS	4910 ELAM ROAD		STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCARBOROUGH, SHAWN		NAME	
STREET ADDRESS	1203 EDGEWATER DR		STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WARD, GLENN		NAME	
STREET ADDRESS	726 CMBRIDGE WAY		STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 2/7/01 8636878937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #