

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90154 007 \*\*\*\*70.00

**DOCUMENT # N09153**

1. Entity Name  
**FAMILY WORSHIP CENTER CHURCHES, INC.**

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

00013094



DO NOT WRITE IN THIS SPACE

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

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

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

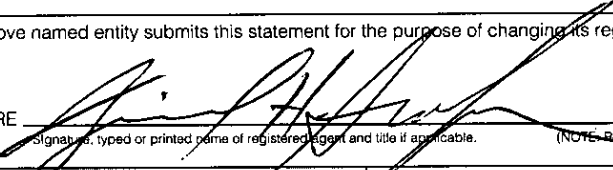
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SCARBOROUGH, REGINALD HOLTON**  
**4910 ELAM ROAD**  
**LAKELAND FL 33801 33813**

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       DATE **1/8/01**  
(Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

**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 NAME	<b>PD SCARBOROUGH, REGINALD H</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4910 ELAM ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE NAME	<b>VD SCARBOROUGH, NINA E</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4910 ELAM ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE NAME	<b>DST SCARBOROUGH, SHAWN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1203 EDGEWATER DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33805</b>	
TITLE NAME	<b>D WARD, GLENN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>726 CAMBRIDGE WAY</b>	
CITY-ST-ZIP	<b>LAKE WALES FL 33853</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1839 SANDY KNOLL CIRCLE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813-3078</b>	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>726 CAMBRIDGE WAY</b>	
CITY-ST-ZIP	<b>LAKE WALES FL 33853-2806</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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:       Date **1.8.01**      Daytime Phone #

CR2E037 (10/00)