

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

0044259

DOCUMENT # N09153

1. Entity Name
FAMILY WORSHIP CENTER CHURCHES, INC.

02-21-2002 90047 005 *****70.00

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

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCARBOROUGH, REGINALD HOLTON
4910 ELAM ROAD
LAKELAND FL 33813

7. Name and Address of New Registered Agent

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 _____
 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

TITLE	PD	☐ Delete
NAME	SCARBOROUGH, REGINALD H	
STREET ADDRESS	4910 ELAM ROAD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VD	☐ Delete
NAME	SCARBOROUGH, NINA E	
STREET ADDRESS	4910 ELAM ROAD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DST	☐ Delete
NAME	SCARBOROUGH, SHAWN	
STREET ADDRESS	1839 SANDY KNOLL CIR S	
CITY-ST-ZIP	LAKELAND FL 33813-3078	
TITLE	D	☐ Delete
NAME	WARD, GLENN	
STREET ADDRESS	726 CAMBRIDGE WAY	
CITY-ST-ZIP	LAKE WALES FL 33853-2806	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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: SIGNATURE REQUIRED **1-29-02** **663 687-8827**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)