

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**  
 03-15-2000 90063 044 \*\*\*\*70.00

DOCUMENT # **N10951**

1. Entity Name

**Truth Church Family Worship Center, Inc.**

Principal Place of Business

Mailing Address

**140 NE 1st Ave.  
 High Springs, FL 32643**

2. Principal Place of Business

**140 NE 1st Ave**

Suite, Apt. #, etc.

3. Mailing Address

**218 E. River Road**

Suite, Apt. #, etc.

City & State

**High Springs, FL**

City & State

**Wewahitchka, FL**

Zip **32643** Country **USA**

Zip **32465** Country **USA**

4. FEI Number

**59-2850738**

Applied For

Not Applicable

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

**B0036807**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**W. WAYNE Pugh  
 218 E. River Road  
 Wewahitchka, FL 32465**

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

**W. Wayne Pugh**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-1-00**

**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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ruby J Younce</b>	
STREET ADDRESS	<b>218 E. River Road</b>	
CITY-ST-ZIP	<b>Wewahitchka, FL 32465</b>	
TITLE	<b>Paul T. McClure-Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>634 Loggerhead Island Dr.</b>	
STREET ADDRESS	<b>Satellite Beach, FL 32937</b>	
CITY-ST-ZIP		
TITLE	<b>MARIE Pugh - Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>218 E. River Road</b>	
STREET ADDRESS	<b>Director</b>	
CITY-ST-ZIP	<b>Wewahitchka, FL 32465</b>	
TITLE	<b>W. Wayne Pugh - Pres/PA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>218 E. River Road</b>	
STREET ADDRESS	<b>Wewahitchka, FL 32465</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**W. Wayne Pugh**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-2-00**

Daytime Phone #

**850-639-9476**

CR2E037 (9/99)