


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90013 007 *****70.00

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|---|---|
| DOCUMENT # N25976 1. Entity Name CHRISTIAN WORSHIP CENTER, INC. |  |
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| Principal Place of Business C/O REV. STEVEN J. TAYLOR 3922 COASTAL HWY CRAWFORDVILLE FL 32327 US | Mailing Address CHRISTIAN WORSHIP CENTER, INC. 3922 COASTAL HWY CRAWFORDVILLE FL 32327 US |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

1st MOORE CR2E037 (10/06)

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-2885951 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TAYLOR, STEVEN J 2481 COASTAL HWY CRAWFORDVILLE FL 32327 | |
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | HD HARRELL, STEVE 2515 COASTAL HWY. CRAWFORDVILLE FL 32327 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | HD Steven J. Taylor 3926 Coastal Hwy Crawfordville, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D TAYLOR, STEVEN 2481 COASTAL HWY CRAWFORDVILLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BARNEY Blackmon P.O. Box 154 N/A Panacea FL 32347 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BLACKMON, BARNEY P O BOX 154 N/A PANACEA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | S.T. MALISSA TAYLOR 3926 COASTAL HWY CRAWFORDVILLE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST TAYLOR, MALISSA 2481 COASTAL HWY CRAWFORDVILLE FL 32327 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Vonneciel Blackmon P.O. Box 154 N/A Panacea, FL 32347 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HARRELL, CATHERINE 2515 COASTAL HWY CRAWFORDVILLE FL 32327 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Alvin Hudson 95 Merwyn Dr. Crawfordville, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BLACKMON, M. VONNIECIEL P O BOX 154 N/A PANACEA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Vicky Tobell 52 Holiday Dr. Crawfordville, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: MALISSA TAYLOR / Malissa Taylor S.T. 04/26/07 850-926-6302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #