

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N25976	
1. Entity Name CHRISTIAN WORSHIP CENTER, INC.	

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.
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1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 59-2885951	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TAYLOR, STEVEN J 3922 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 _____	DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
HD TAYLOR, STEVEN J 3926 COASTAL HWY CRAWFORDVILLE FL 32327	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
D BLACKMON, BARNEY PO BOX 154 N/A PANACEA FL 32347	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
ST TAYLOR, MALISSA 3926 COASTAL HWY CRAWFORDVILLE FL 32327	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
D TOBELL, VICKY 52 HOLIDAY DR. CRAWFORDVILLE FL 32327	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
D BLACKMON, M. VONNIECIEL P O BOX 154 N/A PANACEA FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
U000000932128 05/22/08-80043-011 70.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: *Steven J. Taylor* **Steven J. Taylor** 04/27/2008 (850) 926-6302