

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 15 1996 8:00 am
Secretary of State

DOCUMENT # **N39627** (7)

1. Corporation Name
FAMILY WORSHIP CENTER, INC.



Principal Place of Business: 2724 N.W. 45TH PLACE GAINESVILLE FL 32605
Mailing Address: 2724 N.W. 45TH PLACE GAINESVILLE FL 32605

3. Date Incorporated or Qualified: 08/22/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3022768
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, ALONZO W REV
2724 N.W. 45TH PLACE
GAINESVILLE FL 32605

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ALONZO REV	1.2 NAME	
STREET ADDRESS	2724 NW 45TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHURCHWELL, RAYNARD J REV	2.2 NAME	Robert C. Edmunds
STREET ADDRESS	2930 SW 23 TERRACE #104	2.3 STREET ADDRESS	VD
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	5417 NW 67th Street Gainesville, FL 32653
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE, RON	3.2 NAME	
STREET ADDRESS	P.O. BOX 5 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, RALPH W	4.2 NAME	800001744518
STREET ADDRESS	4300 NW 23RD AVE.	4.3 STREET ADDRESS	--03/15/96--01048--005
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	***61.25
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERY, GWENDOLYN	5.2 NAME	
STREET ADDRESS	4036 SW 21 LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, VICKIE D	6.2 NAME	
STREET ADDRESS	2724 N.W. 45TH PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Alonzo W. Young Alonzo W. Young March 9, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

Handwritten initials and date: *AE* 3-15-96