

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 26 1997 8:00 am  
Secretary of State

DOCUMENT # N39627 (7)

1. Corporation Name

FAMILY WORSHIP CENTER, INC.



Principal Place of Business

Mailing Address

2724 N.W. 45TH PLACE  
GAINESVILLE FL 32605

2724 N.W. 45TH PLACE  
GAINESVILLE FL 32605-1218

3. Date Incorporated or Qualified  
08/22/1990

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME YOUNG, ALONZO REV  
STREET ADDRESS 2724 NW 45TH PLACE  
CITY - ST - ZIP GAINESVILLE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VD ☐ DELETE  
NAME EDMUNDS, ROBERT C  
STREET ADDRESS 5417 NW 67TH STREET  
CITY - ST - ZIP GAINESVILLE FL 32653

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE VD ☒ DELETE  
NAME LESLIE, RON  
STREET ADDRESS P.O. BOX 5 N/A  
CITY - ST - ZIP ALACHUA FL

3.1 TITLE VD ☐ Change ☒ Addition  
3.2 NAME Donna M Edmunds  
3.3 STREET ADDRESS 5417 NW 67th St  
3.4 CITY - ST - ZIP Gainesville, FL 32653-3926

TITLE D ☐ DELETE  
NAME WILCOX, RALPH W  
STREET ADDRESS 4300 NW 23RD AVE.  
CITY - ST - ZIP GAINESVILLE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ST ☒ DELETE  
NAME JEFFERY, GWENDOLYN  
STREET ADDRESS 4036 SW 21 LANE  
CITY - ST - ZIP GAINESVILLE FL

5.1 TITLE 000002099860 ☐ Change ☐ Addition  
5.2 NAME -02/27/97--01054--015  
5.3 STREET ADDRESS \*\*\*61.25  
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME YOUNG, VICKIE D  
STREET ADDRESS 2724 N.W. 45TH PLACE  
CITY - ST - ZIP GAINESVILLE FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 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 Young - President

2-18-97

352-336-3001

CR2E037 (9/96)