


FILE NOW: FILING FEE IS \$61.25

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Jun 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39627** (7)

1. Corporation Name

**FAMILY WORSHIP CENTER, INC.**



Principal Place of Business <b>2724 N.W. 45TH PLACE GAINESVILLE FL 32605</b>	Mailing Address <b>2724 N.W. 45TH PLACE GAINESVILLE FL 32605</b>
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3. Date Incorporated or Qualified  
**08/22/1990**

4. FEI Number <b>59-3022768</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, ALONZO REV</b>	1.2 NAME	
STREET ADDRESS	<b>2724 NW 45TH PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDMUNDS, ROBERT C</b>	2.2 NAME	
STREET ADDRESS	<b>5417 NW 67TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32653</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDMUNDS, DONNA M</b>	3.2 NAME	
STREET ADDRESS	<b>5417 NW 67TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32653</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILCOX, RALPH W</b>	4.2 NAME	
STREET ADDRESS	<b>4300 NW 23RD AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, VICKIE D</b>	5.2 NAME	
STREET ADDRESS	<b>2724 N.W. 45TH PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**100002547831**  
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14. 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 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, Alonzo Young, President* 5-9-98 852-336-0031

CP2E037 (10/97)