

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90002 017 \*\*\*\*70.00

**DOCUMENT # N39627**

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



Principal Place of Business 1 908 SE Williston Rd. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/22/1990	
City & State 2 Gainesville, FL		City & State 28 Gainesville, FL		4. FEI Number 59-3022768 Applied For Not Applicable	
Zip 32605		Country 25 United States		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		Zip 30		Country 30	
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 Vickie D. Young 82 Street Address (P.O. Box Number is Not Acceptable) 2724 NW 45th Place 83 84 City Gainesville FL 85 Zip Code 32605		

1. 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 Vickie Young - Vickie Young - PD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-2-99

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	PD YOUNG, ALONZO REV 2724 N.W. 45TH PLACE GAINESVILLE FL 32605 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ALONZO REV	1.2 NAME	Young, Vickie
STREET ADDRESS	2724 N.W. 45TH PLACE	1.3 STREET ADDRESS	2724 NW 45th Place
CITY-STATE-ZIP	GAINESVILLE FL 32605	1.4 CITY-STATE-ZIP	Gainesville, Florida 32605
FILE	VD EDMUNDS, ROBERT C 5417 NW 67TH STREET GAINESVILLE FL 32653 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMUNDS, ROBERT C	2.2 NAME	Ebony C. Young
STREET ADDRESS	5417 NW 67TH STREET	2.3 STREET ADDRESS	2724 NW 45th Place
CITY-STATE-ZIP	GAINESVILLE FL 32653	2.4 CITY-STATE-ZIP	Gainesville Florida 32605
FILE	VD EDMUNDS, DONNA M 5417 NW 67TH STREET GAINESVILLE FL 32653 <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMUNDS, DONNA M	3.2 NAME	Betty Kelly
STREET ADDRESS	5417 NW 67TH STREET	3.3 STREET ADDRESS	5931 NW 27 terrace 32653
CITY-STATE-ZIP	GAINESVILLE FL 32653	3.4 CITY-STATE-ZIP	Gainesville Florida 32653
FILE	D WILCOX, RALPH W 4300 NW 23RD AVE. GAINESVILLE FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, RALPH W	4.2 NAME	Sherman Martin
STREET ADDRESS	4300 NW 23RD AVE.	4.3 STREET ADDRESS	2035 NW 77 Ave
CITY-STATE-ZIP	GAINESVILLE FL	4.4 CITY-STATE-ZIP	Gainesville Florida 32657
FILE	D YOUNG, VICKIE D 2724 N.W. 45TH PLACE GAINESVILLE FL 32605 <input type="checkbox"/> DELETE	5.1 TITLE	Secretary/Treasur <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, VICKIE D	5.2 NAME	Gwendolyn Randall
STREET ADDRESS	2724 N.W. 45TH PLACE	5.3 STREET ADDRESS	2510 NE 9th Street
CITY-STATE-ZIP	GAINESVILLE FL 32605	5.4 CITY-STATE-ZIP	Gainesville, Florida 32609
FILE	<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-STATE-ZIP		6.4 CITY-STATE-ZIP	

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, with all other like empowered.

SIGNATURE:

Vickie Young REQUIRING Vickie Young

7-2-99

352-336-3001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

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