

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39627

1. Entity Name

FAMILY WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

908 SE WILLISTON RD  
GAINESVILLE FL 32641  
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3022768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, VICKIE D  
2724 N.W. 45TH PLACE  
GAINESVILLE FL 32605

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.

SIGNATURE

*Vickie Young - President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME YOUNG, VICKIE  
STREET ADDRESS 2724 N.W. 45TH PLACE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ Change ☒ Addition  
NAME David Frazier  
STREET ADDRESS 909 N.E. 23rd Street  
CITY-ST-ZIP Gainesville, FL 32641

TITLE VD ☐ Delete  
NAME YOUNG, EBONY C  
STREET ADDRESS 2724 N.W. 45TH PLACE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KELLY, BETTY  
STREET ADDRESS 5931 NW 27 TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME MARTIN, SHERMAN  
STREET ADDRESS 2035 NW 77 AVE  
CITY-ST-ZIP GAINESVILLE FL 32657

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☒ Delete  
NAME RANDALL, GWENDOLYN  
STREET ADDRESS 2510 NE 9TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Vickie Young*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-00

352-336-3001