

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N39627**

1. Entity Name

FAMILY WORSHIP CENTER, INC.

Principal Place of Business

**908 SE WILLISTON RD
GAINESVILLE FL 32641
US**

Mailing Address

**2724 N.W. 45TH PLACE
GAINESVILLE FL 32605**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3022768**Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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
After September 12, 2001, min. will be \$236.25**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	YOUNG, VICKIE	
STREET ADDRESS	2724 N.W. 45TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE	VD	<input type="checkbox"/> Delete
NAME	YOUNG, EBONY C	
STREET ADDRESS	2724 N.W. 45TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, BETTY	
STREET ADDRESS	5931 NW 27 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, DAVID	
STREET ADDRESS	909 NE 23RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32641	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Wickie Young

7-24-01 (352) 372-4507

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90006 049 ****70.00

00059652

DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)