

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

000308

DOCUMENT # N39627

1. Entity Name

FAMILY WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

~~2255 NE 12TH AVE~~
GAINESVILLE FL 32641
US

2724 N.W. 45TH PLACE
GAINESVILLE FL 32605

2. Principal Place of Business

3. Mailing Address

1930 Waldo Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville, Florida

Zip

Country

Zip

Country

32601

USA

4. FEI Number

59-3022768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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

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 **3515 SW 34th Blvd. #8-D**
 CITY-ST-ZIP **Gainesville, FL 32608**

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 **FRAZIER, DAVID**
 STREET ADDRESS **909 NE 23RD ST**
 CITY-ST-ZIP **GAINESVILLE FL 32641**

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

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

3-11-02

Date

Daytime Phone #

CR2E037 (9/01)