

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39627

**FILED**  
**May 01, 2004**  
**Secretary of State****Entity Name:** FAMILY WORSHIP CENTER, INC.**Current Principal Place of Business:**1930 WALDO ROAD  
GAINESVILLE, FL 32601 US**New Principal Place of Business:****Current Mailing Address:**2724 N.W. 45TH PLACE  
GAINESVILLE, FL 32605**New Mailing Address:****FEI Number:** 59-3022768      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**YOUNG, ROSA E  
1239 S.E. 17TH TERRACE  
GAINESVILLE, FL 32602 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** YOUNG, ALONZO W  
**Address:** 313 N.W. GAINESVILLE RD.  
**City-St-Zip:** OCALA, FL 34473**Title:** VPD ( ) Delete  
**Name:** CHURCHWELL, RAYMOND J  
**Address:** 6816 SW 4TH PL APT #C  
**City-St-Zip:** GAINESVILLE, FL 32607**Title:** D ( ) Delete  
**Name:** LESLIE, RON  
**Address:** P.O. BOX 5  
**City-St-Zip:** ALACHUA, FL 32615**Title:** D ( ) Delete  
**Name:** WILCOX, RALPH  
**Address:** 4300 N.W. 23RD AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32602**Title:** S ( ) Delete  
**Name:** RANDALL, GWENDOLYN J  
**Address:** 2048 NE 16TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32609**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ED.D ( ) Change (X) Addition  
**Name:** YOUNG, VICKIE D MS.  
**Address:** 2724 NW 45 PLACE  
**City-St-Zip:** GAINESVILLE, FL 32605 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKIE YOUNG

ED.D

05/01/2004

Electronic Signature of Signing Officer or Director

Date