

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39627

FILED
Aug 27, 2008
Secretary of State

Entity Name: FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

2724 NW 45TH PLACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

2724 NW 45TH PLACE
GAINESVILLE, FL 32605 US

FEI Number: 59-3022768 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

YOUNG, VICKIE D
2724 NW 45TH PLACE
GAINESVILLE, FL 32605 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, VICKIE D
Address: 2724 NW 45TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: VPD (X) Delete
Name: CHURCHWELL, RAYMOND J
Address: 6816 SW 4TH PL APT #C
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Delete
Name: LESLIE, RON
Address: P.O. BOX 5
City-St-Zip: ALACHUA, FL 32615

Title: D (X) Delete
Name: WILCOX, RALPH
Address: 4300 N.W. 23RD AVENUE
City-St-Zip: GAINESVILLE, FL 32602

Title: S () Delete
Name: RANDALL, GWENDOLYN J
Address: 1314 SE 17TH DRIVE
City-St-Zip: GAINESVILLE, FL 32641

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: S (X) Change () Addition
Name: RANDALL, GWENDOLYN J
Address: 1314 SE 17TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

PD

08/27/2008

Electronic Signature of Signing Officer or Director

Date