

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90022 027 \*\*\*\*61.25

**DOCUMENT # N49673**

1. Entity Name

UNITED FAMILY WORSHIP CENTER INC.



Principal Place of Business

PO BOX 946 CHAVOUS ROAD  
OLD TOWN FL 32680  
US

Mailing Address

PO BOX 946 CHAVOUS ROAD  
OLD TOWN FL 32680  
US

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

59-3044354

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

HATCHER, CHARLES GARRY REV  
28 NW 159 AVE  
OLD TOWN FL 32680

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME HATCHER, REV CHARLES G  
STREET ADDRESS PO BOX 946  
CITY-ST-ZIP OLD TOWN FL 32680

TITLE TR ☐ Delete  
NAME HATCHER, KATHRYN E  
STREET ADDRESS P O BOX 464  
CITY-ST-ZIP CHIEFLAND FL 32644

TITLE VP ☒ Delete  
NAME NELSON, MERLIN REV.  
STREET ADDRESS 801 83RD AVE N. CONDO 135  
CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE ST ☒ Delete  
NAME MORGAN, TERRY  
STREET ADDRESS HC 3 BOX 695  
CITY-ST-ZIP OLD TOWN FL 32680

TITLE D ☒ Delete  
NAME FRASHER, CHERYL  
STREET ADDRESS P.O. BOX 339  
CITY-ST-ZIP OLD TOWN FL 32680

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME WILLIE F. GAMBLE  
STREET ADDRESS P.O. BOX 913, Hwy 346  
CITY-ST-ZIP CHIEFLAND, FL 32644

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

TITLE VP ☒ Change ☐ Addition  
NAME TERRY MORGAN  
STREET ADDRESS HC 3, BOX 695  
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE D ☐ Change ☒ Addition  
NAME BILLY HALL  
STREET ADDRESS HC 2, BOX 646-14, OLD TOWN, FL 32680

TITLE ST ☒ Change ☐ Addition  
NAME CHERYL FRASHER  
STREET ADDRESS P.O. BOX 339  
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE D ☐ Change ☒ Addition  
NAME ANNIE HALL  
STREET ADDRESS HC 2, BOX 646-14  
CITY-ST-ZIP OLD TOWN, FL 32680

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:** Kathryn E. Hatcher, Kathryn E. Hatcher 3-8-04 352-493-7948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #