

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90119 012 ****61.25

DOCUMENT # N49673

1. Entity Name

UNITED FAMILY WORSHIP CENTER, INC.



Principal Place of Business

17312 US HWY 19
FANNING SPRINGS FL 32693
US

Mailing Address

PO BOX 946
OLD TOWN FL 32680
US



2. Principal Place of Business

11351 80th Ave NW

Suite, Apt. #, etc.

Chiefland, FL 32644

City & State

3. Mailing Address

P.O. Box 464

Suite, Apt. #, etc.

Chiefland, FL 32644

City & State

1st MOORE

CR2E037 (10/05)

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

HATCHER, CHARLES GARRY REV
11351 80TH AVE NW
CHIEFLAND FL 32644

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. 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, 2006

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	<input checked="" type="checkbox"/> Delete
NAME	HATCHER, CHARLES G	
STREET ADDRESS	PO BOX 464	
CITY-ST-ZIP	CHIEFLAND FL 32644	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HATCHER, KATHRYN E	
STREET ADDRESS	P O BOX 464	
CITY-ST-ZIP	CHIEFLAND FL 32644	

TITLE	S	<input type="checkbox"/> Delete
NAME	HOLDER, LINDA	
STREET ADDRESS	PO BOX 742	
CITY-ST-ZIP	CHIEFLAND FL 32644	

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

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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEWAYNE H. BOWDOIN	
STREET ADDRESS	29321 N.W. 32ND AVE.	
CITY-ST-ZIP	NEWBERRY, FL 32669	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES G. HATCHER	
STREET ADDRESS	P.O. BOX 464	
CITY-ST-ZIP	CHIEFLAND, FL 32644	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHRYN E. HATCHER	
STREET ADDRESS	P.O. BOX 464	
CITY-ST-ZIP	CHIEFLAND, FL 32644	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITA K. BOWDOIN	
STREET ADDRESS	29321 N.W. 32ND AVE.	
CITY-ST-ZIP	NEWBERRY, FL 32669	

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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Charles G. Hatcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-06 352-493-7948
Date Daytime Phone #