

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49673

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** UNITED FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

11351 80TH AVE NW  
CHIEFLAND, FL 32644 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 464  
CHIEFLAND, FL 32644 US

**New Mailing Address:**

**FEI Number:** 59-3044354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HATCHER, CHARLES GARRY REV  
11351 80TH AVE NW  
CHIEFLAND, FL 32644 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: P ( ) Delete  
Name: HATCHER, CHARLES H  
Address: P.O. BOX 464  
City-St-Zip: CHIEFLAND, FL 32644

Title: VT ( ) Delete  
Name: HATCHER, KATHRYLN E  
Address: POB 464  
City-St-Zip: CHIEFLAND, FL 32644

Title: S ( ) Delete  
Name: HOLDER, LINDA  
Address: PO BOX 742  
City-St-Zip: CHIEFLAND, FL 32644

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HATCHER, CHARLES G  
Address: P.O. BOX 464  
City-St-Zip: CHIEFLAND, FL 32644

Title: VT (X) Change ( ) Addition  
Name: HATCHER, KATHRYN E  
Address: POB 464  
City-St-Zip: CHIEFLAND, FL 32644

Title: S (X) Change ( ) Addition  
Name: SCHULZE, TARA E  
Address: P.O. BOX 3012  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D ( ) Change (X) Addition  
Name: SCHULZE, JESSE A  
Address: P.O. BOX 3012  
City-St-Zip: HIGH SPRINGS, FL 32655

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: KATHRYN E. HATCHER

V/T

03/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date