

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000186

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: FAMILY WORSHIP CENTER OF PORT ORANGE, INC.

**Current Principal Place of Business:**

4425 SOUTH RIDGEWOOD AVE  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 290877  
PORT ORANGE, FL 321290877 US

**New Mailing Address:**

FEI Number: 59-2431808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DUBOIS, THOMAS E  
3429 COUNTRY WALK BLVD.  
PORT ORANGE, FL 32119 US

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

DUBOIS, RAYMOND M  
1811 TARA MARIE BLVD.  
PORT ORANGE, FL 32128 US

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: RAYMOND M. DUBOIS

04/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: DUBOIS, THOMAS E  
Address: 3429 COUNTRY WALK BLVD.  
City-St-Zip: PORT ORANGE, FL 32119

Title: STT ( ) Delete  
Name: DUBOIS, PATRICIA A  
Address: 3429 COUNTRY WALK BLVD.  
City-St-Zip: PORT ORANGE, FL 32119

Title: T ( ) Delete  
Name: SPEARS, SAMUEL E  
Address: 203 DEVON STREET  
City-St-Zip: PORT ORANGE, FL 32127

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

Title: P (X) Change ( ) Addition  
Name: DUBOIS, RAYMOND M  
Address: 1811 TARA MARIE BLVD.  
City-St-Zip: PORT ORANGE, FL 32128

Title: VP (X) Change ( ) Addition  
Name: DUBOIS, THOMAS E  
Address: 3429 COUNTRY WALK BLVD.  
City-St-Zip: PORT ORANGE, FL 32129

Title: ST (X) Change ( ) Addition  
Name: SPEARS, SAMUEL E  
Address: 203 DEVON STREET  
City-St-Zip: PORT ORANGE, FL 32127

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: RAYMOND M. DUBOIS

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date