

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 30 1998 8:00am  
Secretary of State

DOCUMENT # **N97000001420 (5)**

1. Corporation Name

**CHRISTIAN WORSHIP CENTER INTERNATIONAL MINISTRIES INC.**



Principal Place of Business

Mailing Address

**4180 SW 11TH STREET  
PLANTATION FL 33317**

**4180 SW 11TH STREET  
PLANTATION FL 33317**

3. Date Incorporated or Qualified

**03/10/1997**

4. FEI Number

**65-0759356**

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Same as Above**

**26 Same as Above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

**24 USA**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**USTICK, SCOTT  
4180 SW 11TH STREET  
PLANTATION FL 33317**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

**Scott Ustick**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **USTICK, SCOTT**  
STREET ADDRESS **4180 SW 11TH STREET**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☐ DELETE

NAME **ALEXANDER, ALAN**  
STREET ADDRESS **4180 SW 11TH STREET**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☒ DELETE

NAME **ALEXANDER, MICHELLE**  
STREET ADDRESS **4180 SW 11TH STREET**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Scott Ustick**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/22/98**  
Date

**954-792-0807**  
Telephone #

CR2E037 (5/98)