2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

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1. Entity Name
CHRISTIAN FAMILY WORSHIP CENTER, INC.

Principal Place of Business
1110 N.W. PONCE DE LEON DR
APT D-2
HIGH SPRINGS, FL 32643

Mailing Address
P.O. BOX 2187
HIGH SPRINGS, FL 32655

04132006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3471868
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LLOYD S DR
1110 N.W. PONCE DE LEON DR
APT D-2
HIGH SPRINGS, FL 32643

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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

Filing Fee Is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, LLOYD S DR
STREET ADDRESS	1110 N.W. PONCE DE LEON DR APT. D-2
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	D
NAME	WASHINGTON, CYNTHIA
STREET ADDRESS	P.O. BOX 72 CASON RD
CITY-ST-ZIP	OLUSTEE, FL 32072
TITLE	D
NAME	MILLER, LETHA
STREET ADDRESS	16473 N.W. 141ST ST
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	T
NAME	SIMPSON, LINDA
STREET ADDRESS	104 BEECH ST
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80014-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dr. Lloyd S. Williams 4/16/06 386-454-8251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #