

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90207 026 \*\*\*\*70.00

**DOCUMENT # N97000006105**

1. Entity Name

**FAMILY WORSHIP CENTER OF PENSACOLA INC.**

Principal Place of Business

Mailing Address

P. O. BOX 17191  
 PENSACOLA FL 32522

P. O. BOX 17191  
 PENSACOLA FL 32522-7191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ANDERSON, CHARLES A**  
**858 GARNET ST.**  
**PENSACOLA FL 32505**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3480856**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

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.

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**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, CHARLES A</b>	
STREET ADDRESS	<b>858 GARNET ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, BRUCE</b>	
STREET ADDRESS	<b>2450 GLENN RD</b>	
CITY-ST-ZIP	<b>GATSON SC 29053</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, LINDA D</b>	
STREET ADDRESS	<b>1205 CHEYENNE DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, SABRINA A</b>	
STREET ADDRESS	<b>225 ABA WILSON AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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 exemption stated in Section 119.07(3)(i), 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 A Anderson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2001 (850) 432-1473  
 Date Daytime Phone #

CF2E037 (9/99)