

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000869

1. Entity Name

CHURCH OF GOD FAMILY WORSHIP CENTER INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90012 013 ****69.00

Principal Place of Business 14551 CARVER DR., RICHMOND HEIGHTS MIAMI FL 33176	Mailing Address 14551 CARVER DR. 3 MIAMI FL 33176-7321
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Carver Drive, Richmond Heights</i>	3. Mailing Address <i>14551 Carver DR</i>
Suite, Apt. #, etc. <i>12</i>	Suite, Apt. #, etc.
City & State <i>Miami, FL</i>	City & State <i>33176</i>
Zip <i>33176</i>	Country

4. FEI Number 65-0076986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRASER, ALONSO REV 14551 CARVER DR. MIAMI FL 33176	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRASER, ALONSO 14551 CARVER DR., RICHMOND HEIGHTS MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FRASER, MELVA 17525 SW 108 CT. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GATES, HEATHER 8415 SW 208 TR. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alonso Fraser* SIGNATURE REQUIRED Date: *7-22-2000* Daytime Phone #

CR2E037 (9/99)