

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90412 010 ****70.00

DOCUMENT # **N98000000869**

1. Entity Name
Family Worship Center Ministries International, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14531 CARVER DRIVE

Suite, Apt. #, etc.

MIAMI

City & State

33176

3. Mailing Address

DRIVE

Suite, Apt. #, etc.

Florida

City & State

Zip

Country

Zip

Country

40076317

CR2E037B (8/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **ALONZO FRASER**

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

17525 SW 108 CT

MIAMI FL

City

FL

Zip Code

33157

**DO NOT WRITE
IN THIS SPACE**

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

ALONZO DOLPHUS FRASER

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2006

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8415 SW 205 T62 MIAMI
FL 33154
Heather Gates Secretary Treasurer**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**17525 SW 108 CT MIAMI FL
33154
MELVIN FRASER**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**17525 SW 108 CT MIAMI FL 33154
ALONZO FRASER Director**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ALONZO FRASER Director

4/25/2006