## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000869

FILED Apr 26, 2009 Secretary of State

Entity Name: FAMILY WORSHIP CENTER MINISTRIES INTERNATIONAL INC.

Current P	rincipal Place	of Business:	New Principal Plac	e of Business:
14551 CAF MIAMI, FL		HMOND HEIGHTS		
Current M	lailing Addres	s:	New Mailing Addre	ess:
14551 CAF MIAMI, FL		HMOND HEIGHTS		
FEI Number	: 65-0076986	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
17525 SŴ MIAMI, FL	33157 US		ourpose of changing its register	red office or registered agent, or both,
	e of Florida.	·		
	e of Florida.	·		
in the State	e of Florida. RE:	ic Signature of Registered Ag	ent	Date
in the State	e of Florida. RE:	ic Signature of Registered Ag		
in the State SIGNATUI  OFFICER: Title: Name: Address:	e of Florida.  RE: Electron  S AND DIRECT	ic Signature of Registered Ago FORS: Delete SO CT.		Date
in the State SIGNATUI  OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE: Electron  S AND DIREC  P () FRASER, ALON 17525 SW 108 MIAMI, FL 3318	ic Signature of Registered Agr FORS:  Delete SO CT. 57  Delete HER CT.	ADDITIONS/CHANG Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTORS:
in the State	e of Florida.  RE: Electron  S AND DIRECT  P () FRASER, ALON 17525 SW 108 MIAMI, FL 3318  S () FRASER, HEAT 17525 SW 108 MIAMI, FL 3318	ic Signature of Registered Agr FORS:  Delete SO CT. 67  Delete HER CT. 39  Delete SO	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALONSO FRASER REV. 04/26/2009