

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0017915

DOCUMENT # N98000000869

1. Entity Name

CHURCH OF GOD FAMILY WORSHIP CENTER INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP -8 PM 2:08

Principal Place of Business

Mailing Address

14551 CARVER DR., RICHMOND HEIGHTS  
MIAMI FL 33176

1455 CARVER DR.  
3  
MIAMI FL 33176

2. Principal Place of Business

RICHMOND HEIGHTS

3. Mailing Address

14551 CARVER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL

MIAMI FL

City & State

City & State

33176

9509

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0076986

Applied For

Not Applicable

5. Certificate of Status Desired

\$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 ALONZO FRASER  
Street Address (P.O. Box Number is Not Acceptable)  
14551 CARVER DR  
MIAMI FL  
City MIAMI FL  
Zip Code 33176

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

Alonso Fraser ALONZO FRASER

8-10-2003

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  
After September 10, 2003, min will be \$236.25

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	DP	<input type="checkbox"/> Delete
NAME	FRASER, ALONSO	
STREET ADDRESS	14551 CARVER DR., RICHMOND HEIGHTS	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FRASER, MELVA	
STREET ADDRESS	17525 SW 108 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GATES, HEATHER	
STREET ADDRESS	8415 SW 208 TR.	
CITY-ST-ZIP	MIAMI FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE REQUIRED

Alonso Fraser 8-10-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)