

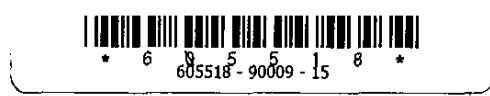
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Apr 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003617

1. Corporation Name
FAMILY WORSHIP CENTER OF JACKSONVILLE, INC.



Principal Place of Business 4291 TANGLEWILDE DRIVE S JACKSONVILLE FL 32257	Mailing Address 4291 TANGLEWILDE DRIVE S JACKSONVILLE FL 32257
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2. Principal Place of Business 21 11827 Lynne Tree Lane W. Suite, Apt. #, etc. 22 Jacksonville, Florida City & State 23 32258 Zip	25. Mailing Address 26 11827 Lynne Tree Lane W. Suite, Apt. #, etc. 27 Jacksonville, Florida City & State 28 32258 Zip	3. Date Incorporated or Qualified 06/19/1988	4. FEI Number 59-3516788	Applied For Not Applicable
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
				\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WALLACE, J. STEVEN
 4291 TANGLEWILDE DRIVE S
 JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name **Wallace, J. Steven**
 82 Street Address (P.O. Box Number is Not Acceptable)
 11827 Lynne Tree Lane W.
 83
 84 City **Jacksonville** FL 85 Zip Code **32258**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/20/99**

(NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLACE, J. STEVEN		1.2 NAME Wallace, J. Steven	
STREET ADDRESS 4291 TANGLEWILDE DRIVE S		1.3 STREET ADDRESS 11827 Lynne Tree Lane W.	
CITY-ST-ZIP JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP Jacksonville, Florida 32258	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE ST-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLACE, TAMI J		2.2 NAME Wallace, Tami J.	
STREET ADDRESS 4291 TANGLEWILDE DRIVE S		2.3 STREET ADDRESS 11827 Lynne Tree Lane W.	
CITY-ST-ZIP JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP Jacksonville, Florida 32258	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE VP-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIGNER, WILLIAM		3.2 NAME Wigner, William	
STREET ADDRESS 4291 TANGLEWILDE DRIVE S		3.3 STREET ADDRESS 2591 Michaelson Way	
CITY-ST-ZIP JACKSONVILLE FL 32257		3.4 CITY-ST-ZIP Jacksonville, FL 32223	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/20/99** PAYMENT NUMBER **904-288-9673**

SIGNATURE REQUIRED

CR2E037 (11/98)