

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000003617

FILED  
May 30, 2002 8:00 AM  
Secretary of State

Entity Name: FAMILY WORSHIP CENTER OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

11827 LYNNE TREE LANE W  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

11827 LYNNE TREE LANE W  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 59-3516788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLACE, J. STEVEN  
11827 LYNNE TREE LANE N  
JACKSONVILLE, FL 32258

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALLACE, J. STEVEN  
Address: 11827 LYNNE TREE LANE W  
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD ( ) Delete  
Name: WALLACE, TAMI J  
Address: 11827 LYNNE TREE LANE W  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD ( ) Delete  
Name: WIGNER, WILLIAM  
Address: 3581 MICHAELSON WAY  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: J.STEVENWALLACE

PD

05/30/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date