

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90030 045 ****61.25

DOCUMENT # **N 99000004516** ✓

1. Entity Name

Omni Worship Center, Inc.

Principal Place of Business

Mailing Address

P.O. Box 41595
Jacksonville, FL 32203

2. Principal Place of Business

3. Mailing Address

1204 Walnut St

P.O. Box 41595

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, FL 32206

Jacksonville, FL

City & State

City & State

32206 DUVAL

32206 DUVAL

Zip

Country

Zip

Country

4. FEI Number

59-3579456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kanella Clark
1204 Walnut St.
Jacksonville, FL 32206

Name

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

City

FL

Zip Code

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.

SIGNATURE

Kanella Clark

6/5/00

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **Samuel Clark, President**
 STREET ADDRESS **1204 WALNUT ST.**
 CITY-ST-ZIP **Jacksonville, FL 32206**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DANIEL White, V. President**
 STREET ADDRESS **1251 FROMAGE WAY**
 CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **Kanella Clark, Sec/Treas.**
 STREET ADDRESS **1204 WALNUT ST.**
 CITY-ST-ZIP **Jacksonville, FL 32206**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Clark

Date

Daytime Phone #

6/5/00 (904) 0745

CR2E037 (9/99)