

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006849

**Entity Name:** THE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

7660 MARGATE BLVD  
MARGATE, FL 33063

**Current Mailing Address:**

7660 MARGATE BLVD  
MARGATE, FL 33063

**FEI Number: 45-2850447**

**Certificate of Status Desired: Yes**

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

GORDON, JOHN MDR.  
6324 OCEAN DRIVE  
MARGATE, FL 33063 US

*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

**Officer/Director Detail :**

Title DP  
Name GORDON, JOHN M  
Address 6324 OCEAN DRIVE  
City-State-Zip: MARGATE FL 33063

Title V  
Name GORDON, ANDREW A  
Address 6324 OCEAN DRIVE  
City-State-Zip: MARGATE FL 33063

Title S  
Name GORDON, LINDA  
Address 6324 OCEAN DRIVE  
City-State-Zip: MARGATE FL 33063

Title D  
Name BROWN, LEBERT  
Address 6812 STARDUST  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title T  
Name ROBINSON, PATRICIA  
Address 4032 INVERRARY DRIVE  
City-State-Zip: LAUDERHILL FL 33319

Title D  
Name PATTERSON, DERRICK  
Address 4168 INVERRARY DRIVE, APT 410  
City-State-Zip: LAUDERDALE FL 33319

*I hereby 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 all other like empowered.*

**SIGNATURE: DR. JOHN GORDON**

**PRESIDENT**

**04/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date