

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000002514

FILED
Apr 19, 2002 8:00 AM
Secretary of State

Entity Name: THE LIGHT OF THE WORLD CHARITIES, INC.

Current Principal Place of Business:

PO BOX 273
PALM CITY, FL 34991

New Principal Place of Business:

Current Mailing Address:

PO BOX 273
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 65-0920003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKS, THERESA
5272 SW LANDING CREEK DRIVE
PALM CITY, FL 34990 US

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: D () Delete
Name: POWELL, BERNARD F
Address: PO BOX 273
City-St-Zip: PALM CITY, FL 34991

Title: PD () Delete
Name: BANKS, THERESA
Address: 5272 S.W. LANDING CREEK DR.
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: WALKS, RONALD
Address: 1232 SEA HAWK WAY
City-St-Zip: PALM CITY, FL 34990

Title: VPD () Delete
Name: SIMPSON, FERMAL
Address: 11760 BLACKWOODS LANE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: TD () Delete
Name: ZABLOCKI, RITA M
Address: 395 SE CARDINAL TRAIL
City-St-Zip: STUART, FL 34997

Title: SD (X) Delete
Name: GRAVEL, CLAUDE
Address: 19978 SCRIMSHAW WAY
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: ASHLEY, RONALD
Address: 1654 SW 32ND TERRACE
City-St-Zip: PALM CITY, FL 34990

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

Title: SD (X) Change () Addition
Name: LAURIE, SCHWAB
Address: 1028 S INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34982

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

Title: D (X) Change () Addition
Name: BERCH, SANDRA
Address: 9397 SE SHARON STREET
City-St-Zip: HOBE SOUND, FL 33455

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: THERESA BANKS

PD

04/19/2002

Electronic Signature of Signing Officer or Director

_____ Date