

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002514

FILED
Mar 29, 2009
Secretary of State

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

Current Principal Place of Business:

3545 SW CORPORATE PKWY
PALM CITY, FL 34991

New Principal Place of Business:

Current Mailing Address:

PO BOX 273
PALM CITY, FL 34990

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: CHABOT, RICHARD DR.
Address: 13430 HARBOUR RIDGE BLVD.
City-St-Zip: PALM CITY, FL 34990

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

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

Title: TD () Delete
Name: KELLY, RICHARD
Address: 1491 WILD OLIVE CT
City-St-Zip: PALM CITY, FL 34990

Title: VD () Delete
Name: INGRAM, KEITH
Address: 101 N SEWALLS POINT RD
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: SCHOPPE, PAUL DR.
Address: 8 PALM ROAD
City-St-Zip: SEWALLS POINT, FL 34996

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:

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 exemption stated in Chapter 119, 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: RICHARD M. KELLY

MR.

03/29/2009

Electronic Signature of Signing Officer or Director

_____ Date