


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90009 017 ****61.25

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1. Entity Name
THE INSTITUTE FOR WORSHIP STUDIES FLORIDA CAMPUS, INC.



Principal Place of Business
**151 KINGSLEY AVE
 ORANGE PARK, FL 32073**


Mailing Address
**151 KINGSLEY AVE
 ORANGE PARK, FL 32073**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



02092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3576254 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WARD, DOUGLAS A
 170 MALAGA STREET STE A
 ST AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

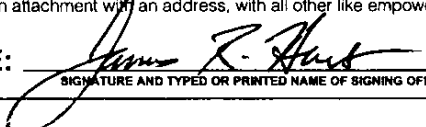
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WEBBER, ROBERT E	
STREET ADDRESS	821 PINEGROVE CT	
CITY-ST-ZIP	WHEATON, IL 60187	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINSELL, JOHN	
STREET ADDRESS	1282 GLEN GRATAN DRIVE	
CITY-ST-ZIP	MONTGOMERY, AL 36111	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PASCOE, SAMUEL C	
STREET ADDRESS	1603 HAWK'S NEST DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITLOCK, LUDER	
STREET ADDRESS	1700 SPRING LAKE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, JANET	
STREET ADDRESS	417 HOPE AVENUE	
CITY-ST-ZIP	FRANKLIN, TN 37067	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEBERG, C. WAYNE	
STREET ADDRESS	8352 INNSBROOK DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E Webber	
STREET ADDRESS	31 6th Street	
CITY-ST-ZIP	Sawyer, MI 49125	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Williams	
STREET ADDRESS	P.O. Box 2384	
CITY-ST-ZIP	Ponte Vedra Beach FL 32004	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matt Price	
STREET ADDRESS	5314 Camelot Ct.	
CITY-ST-ZIP	Brentwood TN 37027	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. Wayne Freeberg	
STREET ADDRESS	808 Esquire Lane	
CITY-ST-ZIP	St. Augustine, FL 32092	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **2/9/07** **904-264-2172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #