

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002531

FILED
May 18, 2009
Secretary of State

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

Current Principal Place of Business:

151 KINGSLEY AVE
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

151 KINGSLEY AVE
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-3576254 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WARD, DOUGLAS A
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE, FL 32207 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: DOUGLAS A. WARD

05/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HART, JAMES R
Address: 151 KINGSLEY AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: LINDSELL, JOHN
Address: 1282 GLEN GRATTAN DRIVE
City-St-Zip: MONTGOMERY, AL 36111

Title: D () Delete
Name: CARLSON, JANET MS
Address: POB 130875
City-St-Zip: SAINT PAUL, MN 55113

Title: D () Delete
Name: PRICE, MATT
Address: 5314 CAMELOT CT.
City-St-Zip: BRENTWOOD, TN 37027

Title: D () Delete
Name: FREEBERG, C. WAYNE
Address: 808 ESQUIRE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: ROBERTS, TIMOTHY
Address: 1905 PRK AVE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LINDSELL, JOHN
Address: 5640 VININGS PLACE TRAIL SE
City-St-Zip: MABLETON, GA 30126

Title: D (X) Change () Addition
Name: CARLSON, JANET MS
Address: POB 130875
City-St-Zip: ROSEVILLE, MN 55113

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

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

Title: D (X) Change () Addition
Name: ROBERTS, TIMOTHY
Address: 1905 PARK AVE
City-St-Zip: ORANGE PARK, FL 32073

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: JAMES R. HART

D

05/18/2009

Electronic Signature of Signing Officer or Director

Date