

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008671

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**3386310671CC**

**Entity Name:** LIGHT OF THE WORLD MINISTRIES INCORPORATED

**Current Principal Place of Business:**

2016 CATLIN DR.  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

PO BOX 330734  
ATLANTIC BEACH, FL 32233 US

**FEI Number: 45-3503673**

**Certificate of Status Desired: No**

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

DIVIDO, SHELLY  
2016 CATLIN DR  
JACKSONVILLE, FL 32211 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 P  
Name DIVIDO, HARRY L  
Address PO BOX 330734  
City-State-Zip: ATLANTIC BEACH FL 32233

Title VP  
Name DIVIDO, SHELLY  
Address PO BOX 330734  
City-State-Zip: ATLANTIC BEACH FL 32233

Title D  
Name HONE, CHRISTOPHER  
Address PO BOX 330734  
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR  
Name CEDERBERG, RUSSELL  
Address PO BOX 330734  
City-State-Zip: ATLANTIC BEACH FL 32233

Title D  
Name TUTT, BRIAN  
Address PO BOX 330734  
City-State-Zip: ATLANTIC BEACH FL 32233

Title D  
Name VASILIADES, NICK  
Address PO BOX 330734  
City-State-Zip: ATLANTIC BEACH FL 32233

*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: SHELLY DIVIDO**

**VP**

**04/05/2019**

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

\_\_\_\_\_  
Date