

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002514

**FILED**  
**Feb 26, 2015**  
**Secretary of State**  
**CC2154775226**

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

**Current Principal Place of Business:**

1508 SW MAPP ROAD  
PALM CITY, FL 34990

**Current Mailing Address:**

PO BOX 273  
PALM CITY, FL 34991 US

**FEI Number: 65-0920003**

**Certificate of Status Desired: Yes**

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

BANKS, THERESA MRS.  
5272 SW LANDING CREEK DRIVE  
PALM CITY, FL 34990 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 D  
Name CHABOT, RICHARD DR.  
Address 13430 HARBOUR RIDGE BLVD.  
City-State-Zip: PALM CITY FL 34990

Title PD  
Name BANKS, THERESA MRS.  
Address 5272 SW LANDING CREEK DRIVE  
City-State-Zip: PALM CITY FL 34990

Title SD  
Name LAURIE, SCHWAB MRS.  
Address 1028 S INDIAN RIVER DRIVE  
City-State-Zip: FORT PIERCE FL 34982

Title D  
Name GIRLINGHOUSE, JUDGE DR  
Address 1309 NE 29TH TERRACE  
City-State-Zip: JENSEN BEACH FL 34957

Title VD  
Name INGRAM, KEITH DR.  
Address 101 N SEWALLS POINT RD  
City-State-Zip: STUART FL 34996

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

Title DIRECTOR  
Name TIERNEY, RICHARD  
Address 6620 SE WINGED FOOT DRIVE  
City-State-Zip: STUART FL 34997

Title ASST. TREASURER  
Name PRICE, CRAIG  
Address 1508 SW MAPP ROAD  
City-State-Zip: PALM CITY FL 34990

**Continues on page 2**

*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: THERESA BANKS**

**PRESIDENT**

**02/26/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           BUSCHMANN, BILL  
Address        1508 SW MAPP ROAD  
City-State-Zip: PALM CITY FL 34990

Title           DIRECTOR  
Name           CRARY, LARRY  
Address        1508 SW MAPP ROAD  
City-State-Zip: PALM CITY FL 34990