

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002531

**FILED**  
**Mar 14, 2013**  
**Secretary of State**  
**CC2605408551**

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

**Current Principal Place of Business:**

151 KINGSLEY AVE  
ORANGE PARK, FL 32073

**Current Mailing Address:**

151 KINGSLEY AVE  
ORANGE PARK, FL 32073

**FEI Number: 59-3576254**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HART, JAMES R DR.  
Address        151 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title            DIRECTOR  
Name            LINDSELL, JOHN DR.  
Address        151 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title            DIRECTOR  
Name            CARPENTER, KAREN DR.  
Address        151 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title            DIRECTOR  
Name            WEBBER, JOANNE MRS.  
Address        151 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title            DIRECTOR  
Name            FREEBERG, C. WAYNE REV. DR.  
Address        151 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title            DIRECTOR  
Name            BORCHERT, GERALD DR.  
Address        151 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title            DIRECTOR  
Name            WITT, DAVID  
Address        151 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title            DIRECTOR  
Name            NEFF, DAVID DR.  
Address        151 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

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*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: JAMES R.HART**

**PRESIDENT**

**03/14/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           COSTEN, MELVA DR.  
Address        151 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073