

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002531

Entity Name: THE INSTITUTE FOR WORSHIP STUDIES FLORIDA CAMPUS, INC.**FILED**
Mar 14, 2013
Secretary of State
CC2605408551**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