

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

DOCUMENT# N99000002531

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

**FILED**  
**Jan 29, 2019**  
**Secretary of State**  
**7232732006CC**

**Current Principal Place of Business:**

4001 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4001 HENDRICKS AVE.  
JACKSONVILLE, FL 32207 US

**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        4001 HENDRICKS AVE.

City-State-Zip: JACKSONVILLE FL 32207

Title            CHAIRMAN

Name           LINDSELL, JOHN DR.

Address        4001 HENDRICKS AVE.

City-State-Zip: JACKSONVILLE FL 32207

Title            TREASURER

Name           FREEBERG, C. WAYNE REV. DR.

Address        4001 HENDRICKS AVE.

City-State-Zip: JACKSONVILLE FL 32207

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 HART**

**PRESIDENT**

**01/29/2019**

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

\_\_\_\_\_  
Date