

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002531

**FILED
Jan 26, 2016
Secretary of State
CC9530990870**

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

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 DIRECTOR
Name LINDSELL, JOHN DR.
Address 4001 HENDRICKS AVE.
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name FREEBERG, C. WAYNE REV. DR.
Address 4001 HENDRICKS AVE.
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name LO, YILEE
Address 4001 HENDRICKS AVE.
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name WITT, PATRICIA
Address 4001 HENDRICKS AVE.
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name WHITLOCK, LUDER
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

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date