

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # 722371

1. Entity Name

THE LIGHT OF THE WORLD TABERNACLE, INC.



Principal Place of Business

8114 LEO KIDD AVE
PORT RICHEY FL 34668

Mailing Address

8114 LEO KIDD AVE
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1572692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORD, LEONARD
9525 SUNBEAM DR.
NEW PT. RICHEY FL 34654

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME LORD, ROGER
STREET ADDRESS 6848 PORTER ROAD
CITY- ST- ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Change ☐ Addition
NAME U000000203324
STREET ADDRESS 01/29/05-80026-010 61.25
CITY- ST- ZIP

TITLE VD ☐ Delete
NAME WOMBLE, JAMES
STREET ADDRESS 6614 CROSSBOW LANE
CITY- ST- ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE PD ☐ Delete
NAME LORD, LEONARD
STREET ADDRESS 9525 SUNBEAM DR
CITY- ST- ZIP NEW PORT RICHEY FL 34654

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE STD ☐ Delete
NAME TREADWAY, GLEN
STREET ADDRESS 1109 SALT TREE LANE
CITY- ST- ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME LORD, JOHN
STREET ADDRESS 4151 APPOLO DRIVE
CITY- ST- ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME UMPHLETT, CLIFF
STREET ADDRESS 3133 CORONA DR
CITY- ST- ZIP HOLIDAY FL 34690

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leonard Lord* **LEONARD LORD 1-26-05 (727)849-0494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #