2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# 722371

Entity Name: THE LIGHT OF THE WORLD TABERNACLE, INC.

Current Principal Place of Business:

8114 LEO KIDD AVE
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

8114 LEO KIDD AVE
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-1572692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LORD, ROGER	
Address:	6848 PORTER ROAD	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	PD	( ) Delete
Name:	LORD, LEONARD	
Address:	9525 SUNBEAM DR	
City-St-Zip:	NEW PORT RICHEY, FL 34654	
Title:	STD	( ) Delete
Name:	TREADWAY, GLEN,	
Address:	1109 SALT TREE LANE	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	D	( ) Delete
Name:	UMPHLETT, CLIFF	
Address:	3133 CORONA DR	
City-St-Zip:	HOLIDAY, FL 34690	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	STF	(X) Change ( ) Addition
Name:	UMPHLETT, CLIFF	
Address:	3133 CORONA DR	
City-St-Zip:	HOLIDAY, FL 34690	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLEN TREADWAY STD 02/20/2009

Electronic Signature of Signing Officer or Director — Date