2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 23, 2003 8:00 am Secretary of State DOCUMENT # N00000002086 04-23-2003 90240 005 ****61 25 LIVING LIGHT WORLD CHURCH, INC. Principal Place of Business Mailing Address 1328 DOROTHY DRIVE P.O. BOX 1421 CLEARWATER FL 33764 LARGO FL 33779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3643198 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DENNARD, ROBERT L. JR Street Address (P.O. Box Number is Not Acceptable) 1328 DOROTHY DRIVE **CLEARWATER FL 33764** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PSTD . TITLE TITLE Change ☐ Addition ☐ Delete DENNARD, ROBERT L'JR NAME NAME 1328 DOROTHY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33764 CITY-ST-ZiP ☐ Delete TITLE Change ☐ Addition TITLE DENNARD, ROSIBEL V NAME NAME 1328 DOROTHY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP CLEARWATER FL-33764 -TITLE ☐ Delete TITLE Change Addition HURSTON, HARRY M NAME NAME 1050 STARKEY RD #2601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 TITLE TITLE ☐ Change [Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

727-420-9376

☐ Change

☐ Addition