2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

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DOCUMENT # N0300000307 1. Entity Name LIGHT OF THE WORLD CHRISTIAN CHURCH OF JACKSONVILLE, INC.								(01-27-2006		48 ****7(0.00
Principal Place of Business Mail				Address					4000			
7039 PHILIPS HWY			7039 PHILIPS HWY JACKSONVILLE, FL 32216									
2. Principal Place of Business			3. Mailing Address						I IIIII BRAI BRIII BRII	1 1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01092006 C	hg-NP	CR2E03	37 (11/05)	
City & State			City & State					4. FEI Number 11-366017	77			piled For
Zip	Zip Country		Zip C		Cou	untry		5. Certificate of S			\$8.75 Add	t Applicable
								<u> </u>			Fee Require	d
6. Name and Address of Current Registered Agent						Name		7. Name and Add	tress of New R	egistered /	Agent	
BERRIAN, EARNEST L 12033 RISING OAKS DRIVE E.				-			ddress (I	P.O. Box Number Is	Not Acceptable)		
JACKSON	VILLE, FL	32223					•					
						City				FL	Zip Cod	e
8. The above	named entit	ly submits this statement for	the purpo	se of changing its	register	ed office or i	register	ed agent, or both, in	the State of Flo		famillar with.	and accept
the obligat	ions of regis	tered agent.			-		•	• • •			·	•
SIGNATURE .		d or printed name of registered agent a	nd title I appl	Icable. (NOT	E: Registere	d Agent eignetur	ne required	when reinsteting)		DATE		<u> </u>
SIGNATURE .	Signature, types	d or printed name of registered agent a ne I is \$61.25 May 1, 2006	nd title If appl	9. Election Car Trust Fund (npalgn f	Rnancing		\$5.00 May Be Added to Fees		ake checi	k payable to	
SIGNATURE	Signature, types	e is \$61.25		9. Election Car	npalgn f	Rnancing		\$5.00 May Be Added to Fees	Flor	ake checi ida Depar	tment of St	tate
	Signature, types	e is \$61.25 lay 1, 2006		9. Election Car	mpelgn F Contribut	Rnancing ion.		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	ake checi ida Depar	tment of St	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/25/06 904.332.8831