2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AP
Secretary of State

DOCUMENT # N03000000307

1. Entity Name

LIGHT OF THE WORLD CHRISTIAN CHURCH OF JACKSONVILLE, INC.



Principal Place of Business

7039 PHILIPS HWY JACKSONVILLE, FL 32216

Mailing Address

7039 PHILIPS HWY JACKSONVILLE, FL 32216



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02292008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 11-3660177 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BERRIAN, EARNEST L 12033 RISING OAKS DRIVE F

12033 RISING OAKS DRIVE E. JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the lions of registered agent.	e purpose of cha	nging its registered o	office or	registered agent, or bo	oth, in the State of Florida. I am	familiar with, a	nd accept
SIGNATURE Signature, typed or printed name of registered again and little if applicable. (NOTE: Registered				ent signatu	e required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2008		n Campaign Financin and Contribution.	9 🗆	\$5.00 May Be Added to Fees	U0000088417 04/17/08-80033	2 -010 70.	. Đũ
10.	OFFICERS AND DIR	RECTORS						,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, YOLETTE 2124 FARM WAY MIDDLEBURG, FL 32068)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRIAN, QUEEN E 12033 RISING OAKS DRIVE E JACKSONVILLE, FL 32258						, · · · . · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITTMAN, TITUS 8134 BROWARD COVE ROAD JACKSONVILLE, FL 32218				DO	NOT WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEABON, BRIAN 3555 BARBIZON CT JACKSONVILLE, FL 32257				IN	THIS SPACI	.	r
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRIAN, EARNEST L 12033 RISING OAK DRIVE E JACKSONVILLE, FL 32223		`		Confidence of the Confidence o			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			٨, ١	an Marie - Parif - Tyri	Surr Tours			* .
12. I hereby	certify that the information supplied with this	s filina does not	qualify for the exemp	otions co	intained in Chapter 11	Florida Statutes. I further cer	tity that the info	ormation

I. I hereby certify that the information supplied with this filing 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.

SIGNATURE

AMOUNT - PUTTAN FAIN'S TA

4/2/08 Date

704-337-00-5 Daytime Phone #