

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90180 042 ****61.25

DOCUMENT # N03000001312 1. Entity Name LIGHTS OF THE WORLD OUTREACH, INC.					
Principal Place of Business 2638 STRATTON RD JACKSONVILLE, FL 32221			Mailing Address P.O. BOX 8118 ORANGE PARK, FL 32006		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 01-0766115	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, ELLAMAE M DR. 2638 STRATTON ROAD JACKSONVILLE, FL 32221				7. Name and Address of New Registered Agent Name DENNARD, ELLAMAE M. DR Street Address (P.O. Box Number is Not Acceptable) 2638 STRATTON ROAD City JACKSONVILLE FL 32221	
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 <u><i>EM Dennard</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>04.25.05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	CEO JOHNSON DENNARD, ELLAMAE M DR 2638 STRATTON ROAD JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DENNARD, ELLAMAE M. DR. 2638 STRATTON ROAD JACKSONVILLE, FL. 32221
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DENNARD, MARVIN DR. 2638 STRATTON ROAD JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENNARD, MARVIN DR. 2638 STRATTON RD. JACKSONVILLE, FL. 32221
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, VIKO 2285 MARSH HAWK LANE, STE. C-201 ORANGE PARK, FL 32203	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONYERS-PAYNE, CLARENDA 5567 GABLE LANE JACKSONVILLE, FL. 32211
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOORHEES, MARGARET 12229 W. BEAVER ST. JACKSONVILLE, FL. 32220
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>EM Dennard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>04.25.05</u> DAYTIME PHONE # <u>(904) 859-8298</u>	