2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N03000001312

Entity Name: LIGHTS OF THE WORLD OUTREACH, INC.

Current Principal Place of Business:

2638 STRATTON RD
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

2638 STRATTON RD
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 01-0766115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENNARD, ELLAMAE M DR
2638 STRATTON ROAD
JACKSONVILLE, FL 32221 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: CEOD ( ) Delete
Name: DENNARD, ELLAMAE M DR
Address: 2638 STRATTON ROAD
City-St-Zip: JACKSONVILLE, FL 32221

Title: VD ( ) Delete
Name: DENNARD, MARVIN DR.
Address: 2638 STRATTON ROAD
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD ( ) Delete
Name: SWANN, SHAPELA L
Address: 8694 ALEXA LANE
City-St-Zip: JACKSONVILLE, FL 32220

Title: TD ( ) Delete
Name: VOORHEES, MARGARET
Address: 12229 W BEAVER ST
City-St-Zip: JACKSONVILLE, FL 32220

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ELLAMAE M. DENNARD DR. 04/09/2008
Electronic Signature of Signing Officer or Director — Date