

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90028 007 ****61.25

DOCUMENT # N03000004678



1. Entity Name
LIGHT-IN-THE-WORD MINISTRY, INC.

Principal Place of Business
2227 HARTRIDGE ST
JACKSONVILLE, FL 32209

Mailing Address
2227 HARTRIDGE ST
JACKSONVILLE, FL 32209

2. Principal Place of Business
2227 Hartridge st
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 66018
Suite, Apt. #, etc.



01212004 Chg-NP CR2E037 (10/03)

City & State
Jacksonville FL
Zip
32209 Country
Duval

City & State
Jacksonville FL
Zip
32208 Country
Duval

4. FEI Number
06-1702668 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOCKETT, ERIC V
2227 HARTRIDGE ST
JACKSONVILLE, FL 32209

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) **N/A**
City **SAME** **FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LOCKETT, ERIC V	
STREET ADDRESS	2227 HARTRIDGE ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BARGERON, CASSIE	
STREET ADDRESS	2227 HARTRIDGE ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FRANCIS, SYLVIA	
STREET ADDRESS	4229 MONCRIEF RD W #130	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SHINGLES, SHIRLEY J	
STREET ADDRESS	8036 PAUL JONES DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

Eric V. Lockett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

Date

904 891 0645

Daytime Phone #