

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90014 025 \*\*\*\*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

**P.O. BOX 66018  
JACKSONVILLE FL 32208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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)

City

**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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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** ☐ Delete  
NAME **LOCKETT, ERIC V.**  
STREET ADDRESS **2227 HARTRIDGE ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **DV** ☒ Delete  
NAME **BARGERON, CASSIE**  
STREET ADDRESS **2227 HARTRIDGE ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **DS** ☒ Delete  
NAME **FRANCIS, SYLVIA**  
STREET ADDRESS **4229 MONCRIEF RD W #130**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **DT** ☒ Delete  
NAME **SHINGLES, SHIRLEY J**  
STREET ADDRESS **8036 PAUL JONES DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Change ☒ Addition  
NAME **Ms Vivian L. Smith**  
STREET ADDRESS **11215 OAKLEAF Dr. # 309**  
CITY-ST-ZIP **Silver Spring MD 20901**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Mr. Roderick B. Jackson I**  
STREET ADDRESS **112 Steele Court**  
CITY-ST-ZIP **JAX. FL. 32209**

TITLE **DT** ☐ Change ☒ Addition  
NAME **Mr. Walter Jordan**  
STREET ADDRESS **1705 W 14th St**  
CITY-ST-ZIP **JAX FL. 32209**

TITLE **Chairman** ☐ Change ☒ Addition  
NAME **Mr. Robert Polite III**  
STREET ADDRESS **12867 Havenford rd w #6**  
CITY-ST-ZIP **JAX. FL. 32218**

TITLE ☐ Change ☐ 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 Eric V. Lockett President 3-24-05 904 891 0645**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #