2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# N04000002741

Entity Name: LIGHT OF THE WORLD CHRISTIAN CENTER, INC.

Current Principal Place of Business:

2510 NW 63RD AVENUE
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

2510 NW 63RD AVENUE
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 13-4277386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHUCK MOGBO, P.A.
2800 W. OAKLAND PARK BOULEVARD, SUITE 209
OAKLAND PARK, FL 33311 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: DP ( ) Delete
Name: WHITTAKER, DESMOND W
Address: 2510 NW 63RD AVENUE
City-St-Zip: SUNRISE, FL 33313

Title: DS ( ) Delete
Name: FARQUHARSON, JANET H
Address: 3244 NW 88TH AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: DVP ( ) Delete
Name: FARQUHARSON, MICHAEL W
Address: 3244 NW 88TH AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: DT ( ) Delete
Name: WHITTAKER, LORRAINE P
Address: 2510 NW 63RD AVENUE
City-St-Zip: SUNRISE, FL 33313

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 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: MICHAEL FARQUHARSON DVP 04/18/2006

Electronic Signature of Signing Officer or Director — Date