

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007431

FILED
Apr 28, 2006
Secretary of State

Entity Name: LIGHT OF THE WORLD CHURCH MINISTRIES, INC

Current Principal Place of Business:

1933 MAHAN DR
TALLAHASSEE, FL 32317

New Principal Place of Business:

620 GORE AVE.
TALLAHASSEE, FL 32310

Current Mailing Address:

1933 MAHAN DR
TALLAHASSEE, FL 32317

New Mailing Address:

P.O. BOX 12173
TALLAHASSEE, FL 32317

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, DERRICK L
1901 BUCKWOOD DRIVE
TALLAHASSEE, FL 32317 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: D () Delete
Name: DIXON, ALEX L SR
Address: 2608 SAXON ST
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: WYNN, PATRICIA E
Address: 6339 WOODVILLE HWY
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: ROSS, JUANITA L
Address: 2454 APT A TALCO HILLS DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT () Delete
Name: WALKER, RONICA L
Address: 6841 CHISHOLM CT E
City-St-Zip: TALLAHASSEE, FL 32311

Title: () Delete
Name: _____
Address: _____
City-St-Zip: _____

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARNES, DENNIS A
Address: 1517 MELVIN STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: D () Change (X) Addition
Name: STRONG, KELVIN
Address: 309 RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32305

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: PATRICIA E. WYNN

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date