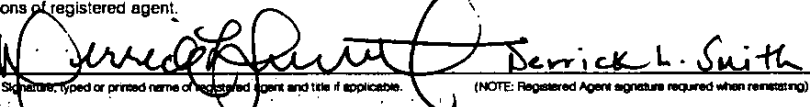
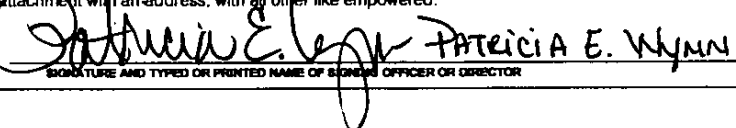


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90009 030 ****70.00

DOCUMENT # N05000007431 1. Entity Name LIGHT OF THE WORLD CHURCH MINISTRIES, INC					
Principal Place of Business 915 #2 RAILROAD AVE. TALLAHASSEE, FL 32310			Mailing Address P.O. BOX 12173 TALLAHASSEE, FL 32317		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-8455498	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, DERRICK L 1901 BUCKWOOD DRIVE TALLAHASSEE, FL 32317				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE 				DATE 4/1/08	
Filing Fee is \$61.25 Due by May 1, 2008				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 NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, DENNIS A ☐ Delete 1517 MELVIN STREET TALLAHASSEE, FL 32301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNN, PATRICIA E ☐ Delete 6339 WOODVILLE HWY TALLAHASSEE, FL 32305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JUANITA L ☒ Delete 2454 APT A TALCO HILLS DR TALLAHASSEE, FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WALKER, RONICA L ☐ Delete 6841 CHISHOLM CT E TALLAHASSEE, FL 32311				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONG, KELVIN ☐ Delete 309 RIDGE ROAD TALLAHASSEE, FL 32305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Chuvale Snell-Brown ☒ Change ☐ Addition 4179 Miraflores Ln Tallahassee FL 32304				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 					
DATE 4/1/08					
DAYTIME PHONE # 413-1670					