2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# N22760

Entity Name: WORDS OF LIGHT MINISTRY, INC.

Current Principal Place of Business:

9140 HIGHWAY 301
JACKSONVILLE, FL 32234

New Principal Place of Business:

Current Mailing Address:

9140 HIGHWAY 301
JACKSONVILLE, FL 32234

New Mailing Address:

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

Name and Address of Current Registered Agent:

ADKINS, LINDA L.
9140 HIGHWAY 301
JACKSONVILLE, FL 32234 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:	PD	( ) Delete
Name:	ADKINS, LINDA L.,	
Address:	10426 INNISBROOK	
City-St-Zip:	JACKSONVILLE, FL	
Title:	VD	( ) Delete
Name:	ADKINS, HOWARD C.,	
Address:	10426 INNISBROOK	
City-St-Zip:	JACKSONVILLE, FL	
Title:	S	( ) Delete
Name:	RUSSELL, DANA A	
Address:	115 MARTHA DR.	
City-St-Zip:	MACCLENNY, FL 32063	
Title:	D	( ) Delete
Name:	CANNON, LAURIE,	
Address:	23850 NW 182ND LANE	
City-St-Zip:	SALT SPRINGS, FL 32134	
Title:	D	( ) Delete
Name:	LOWERY, STANLEY,	
Address:	1133 COOPER CREEK DRIVE	
City-St-Zip:	MACCLENNY, FL 32063	
Title:	D	( ) Delete
Name:	ROBERTS, BILL,	
Address:	4540 CAMELLIA ST.	
City-St-Zip:	MIDDLEBURG, FL	

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:	
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 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 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: ADKINS, LINDA L. PD 04/11/2005
Electronic Signature of Signing Officer or Director — Date