


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000001956</b> 1. Entity Name <b>LIGHT OF THE WORLD CHURCH, INCORPORATED</b>	
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Principal Place of Business <b>4701 N 15TH STREET TAMPA, FL 33610 US</b>	Mailing Address <b>P.O. BOX 75782 TAMPA, FL 33675 US</b>
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01272008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3078457</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>JONES, JOHNNY L 4011 W. CARMEN ST. TAMPA, FL 33609</b>
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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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000809412 02/08/08-80021-009 70.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JOHNNY 4011 W. CARMEN STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFBT JONES, RUTHIE 4011 W. CARMEN STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, RICHARD L 1446 E 139TH AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, TIMOTHY 4008 W CARMEN STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNWOOD, MARGRET P.O.BOX 8352 TAMPA, FL 33674
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MARY PO BOX 21462 TAMPA, FL 33622

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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.

<b>SIGNATURE:</b> <u><i>Re. [Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Date</small>	Daytime Phone # _____ <small>Daytime Phone #</small>
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