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FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 08 1997 8:00am
Secretary of State

NON PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000006140 1. Corporation Name LIGHT OF THE WORLD CHRISTIAN CHURCH					
Principal Place of Business HYATT HOTEL SARASOTA 1000 BOULEVARD OF THE ARTS SARASOTA FL 34236			Mailing Address 4940 THAMES LANE SARASOTA FL 34238		
2. Principal Place of Business 21 THE ROCK OF SARASOTA Suite, Apt. #, etc. 22 1801 N. LOCKWOOD RIDGE RD. City & State 23 SARASOTA FL Zip 24 34234		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 12/16/94 3a. Date of Last Report MAY 1997 4. FEI Number 65-0595648 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MICHAEL A. BOWERS 7526 SWANSON LANE SARASOTA FL 34231			10. Name and Address of New Registered Agent 81 Name MICHAEL A. BOWERS 82 Street Address (P.O. Box Number is Not Acceptable) 4940 THAMES LANE 83 84 City SARASOTA FL 85 Zip Code 34238		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Michael A. Bowers</i> Michael A. Bowers, Director April 17, 1997 (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE NAME DP BOWERS, MICHAEL A. STREET ADDRESS 4940 THAMES LANE CITY-ST-ZIP SARASOTA FL 34238 1.2 TITLE <input type="checkbox"/> DELETE NAME DT WALSWORTH, JOHN H. STREET ADDRESS 4936 THAMES LANE CITY-ST-ZIP SARASOTA FL 34238 1.3 TITLE <input type="checkbox"/> DELETE NAME D WILSON, ANDREW P. STREET ADDRESS 2702 HERWALD STREET CITY-ST-ZIP SARASOTA FL 34233 1.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 1.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS please change address to the one opposite. 1.4 CITY-ST-ZIP 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS please change address to the one opposite. 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					

SIGNATURE: *John H. Walsworth* **John H. Walsworth Treasurer 4.17.97 (941)955-4263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)