

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000006140**

1. Entity Name

LIGHT OF THE WORLD CHRISTIAN CHURCH, INC.

Principal Place of Business

**4940 THAMES LN
1801 N. LOCKWOOD RIDGE RD
SARASOTA FL 34238
US**

Mailing Address

**4940 THAMES LANE
SARASOTA FL 34238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0595648

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOWERS, MICHAEL A
4940 THAMES LANE
SARASOTA FL 34238**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOWERS, MICHAEL	
STREET ADDRESS	4940 THAMES LANE	
CITY-ST-ZIP	SARASOTA FL 34238	

TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, MILLARD W	
STREET ADDRESS	93 SAINT LUCIE AVE	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, CAROL	
STREET ADDRESS	93 SAINT LUCIE AVE	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: CAROL L. HUDSON **CAROL L. HUDSON** 4/1/01 941.341.5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90129 006 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)