

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003173

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** LIGHT TO THE WORLD MINISTRIES, INC.

**Current Principal Place of Business:**

5910 CORTEZ RD. W. #170  
BRADENTON, FL 34210

**New Principal Place of Business:**

1600 1ST AVE. WEST  
#304A  
BRADENTON, FL 34205

**Current Mailing Address:**

P.O. BOX 9771  
BRADENTON, FL 34206 US

**New Mailing Address:**

**FEI Number:** 65-0752867      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLENNEY, DONALD L REV.  
1600 1ST AVE., WEST #304A  
BRADENTON, FL 34205 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: DP ( ) Delete  
Name: GLENNEY, DONALD L REV.  
Address: 1600 1ST AVE., WEST #304A  
City-St-Zip: BRADENTON, FL 34205

Title: DVTS ( ) Delete  
Name: GLENNEY, LOLA A REV.  
Address: 1600 1ST AVE., WEST #304A  
City-St-Zip: BRADENTON, FL 34205

Title: D ( ) Delete  
Name: TITUS, DEAN REV.  
Address: 56805 130TH ST.  
City-St-Zip: STORY CITY, IA 50248

Title: D ( ) Delete  
Name: TITUS, LAVON REV  
Address: 56805 130TH ST.  
City-St-Zip: STORY CITY, IA 50248

Title: D ( ) Delete  
Name: SCHODER, MARGO REV  
Address: PO BOX 90  
City-St-Zip: AMALIA, NM 87512

Title: D ( ) Delete  
Name: SCHODER, WARREN REV  
Address: P O BOX 90  
City-St-Zip: AMALIA, NM 87512

**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 exemption stated 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 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: REV. LOLA A. GLENNEY

DVTS

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date