

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90032 030 ****61.25

DOCUMENT # N98000001229

1. Corporation Name

THE WORD AND THE LIGHT, INC.

Principal Place of Business

188 KINGFISHER LANE
HAINES CITY FL 33844-2322

Mailing Address

188 KINGFISHER LANE
HAINES CITY FL 33844-2322



2. Principal Place of Business

21 2719 RWS RANCH ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 2719 RWS RANCH ROAD

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

31-1592052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

23 City & State
DAVENPORT, FLORIDA

Zip Country

24 33837-8862 25 US

28 City & State
DAVENPORT, FLORIDA

Zip Country

29 33837-8862 30 US

9. Name and Address of Current Registered Agent

BAILEY, KENNETH S

~~188 KINGFISHER LANE~~

~~HAINES CITY FL 33844-2322~~

10. Name and Address of New Registered Agent

81 Name

BAILEY, KENNETH S

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

2719 RWS RANCH ROAD

83

84 City

DAVENPORT

FL

85 Zip Code

33837-8862

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE KENNETH S BAILEY

FEBRUARY 5, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BAILEY, KENNETH S
STREET ADDRESS 188 KINGFISHER LANE
CITY-ST-ZIP HAINES CITY FL 33844-2322

TITLE D ☒ DELETE
NAME WATSON, JANICE
STREET ADDRESS 744 FOREST
CITY-ST-ZIP KISSIMMEE FL 34746-4954

TITLE D ☐ DELETE
NAME DEMOSS, PRISCILLA
STREET ADDRESS 4423 REAVES ROAD
CITY-ST-ZIP KISSIMMEE FL 34746-3406

TITLE D ☐ DELETE
NAME DEMOSS, RICHARD
STREET ADDRESS 4423 REAVES ROAD
CITY-ST-ZIP KISSIMMEE FL 34746-3406

TITLE D ☒ DELETE
NAME DEMOSS, PRISCILLA
STREET ADDRESS 4423 REAVES ROAD
CITY-ST-ZIP KISSIMMEE FL 34746-3406

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMEN ☒ Change ☐ Addition
1.2 NAME KENNETH S BAILEY
1.3 STREET ADDRESS 2719 RWS RANCH ROAD
1.4 CITY-ST-ZIP DAVENPORT, FL 33837-8862

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth S Bailey* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

941-421-4353

Daytime Phone #

CR2E037 (11/98)