

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # N98000001229

1. Entity Name

THE WORD AND THE LIGHT, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-24-2000 90029 036 ****61.25

Principal Place of Business

2719 RWS RANCH ROAD
DAVENPORT FL 33837

Mailing Address

2719 RWS RANCH ROAD
DAVENPORT FL 33837-8862

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1592052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, KENNETH S
2719 RWS RANCH ROAD
DAVENPORT FL 33837

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	C	<input type="checkbox"/> Delete
NAME	BAILEY, KENNETH S	
STREET ADDRESS	2719 RWS RANCH ROAD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATSON, JANICE	
STREET ADDRESS	744 FOREST	
CITY-ST-ZIP	KISSIMMEE FL 34746-4954	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMOSS, PRISCILLA	
STREET ADDRESS	4423 REAVES ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34746-3406	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMOSS, RICHARD	
STREET ADDRESS	4423 REAVES ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34746-3406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMOSS, PRISCILLA	
STREET ADDRESS	4423 REAVES ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34746-3406	
TITLE	Sheila Bailey D	<input type="checkbox"/> Delete
NAME	6039 CYPRESS GARDENS BLVD #283	
STREET ADDRESS	WINTER HAVEN, FL 33884	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Kenneth S. Bailey *Kenneth S. Bailey* 4/10/00 863-421-4355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)