

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90008 007 ****61.25

DOCUMENT # N98000001229

1. Entity Name

The Word AND The Light, Inc

Principal Place of Business

Mailing Address

*2247 Citrus Blvd #254
 Leesburg, FL 34748-3032*

2. Principal Place of Business

3. Mailing Address

2247 Citrus Blvd

Suite, Apt. #, etc.

#254

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Leesburg, FL

City & State

4. FEI Number

31-1592052

Applied For

Not Applicable

Zip

Country

Zip

Country

34748-3032

LAKE

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Kenneth S. Bailey
 2247 Citrus Blvd #254*

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

Kenneth S Bailey *Kenneth S. Bailey*

7/10/01

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

(NOTE: Registered Agent signature required when reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *C/P/D* ☐ Delete
 NAME *Kenneth S. Bailey*
 STREET ADDRESS *2247 Citrus Blvd #254*
 CITY-ST-ZIP *Leesburg, FL 34748-3032*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *S/D* ☐ Delete
 NAME *Sheila Bailey*
 STREET ADDRESS *2247 Citrus Blvd #254*
 CITY-ST-ZIP *Leesburg, FL 34748-3032*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *V/D* ☐ Delete
 NAME *Richard DeMoss*
 STREET ADDRESS *4423 Remus Road*
 CITY-ST-ZIP *Kissimmee, FL 34746-3406*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

7/10/01

352-454-4443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)