

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000727

1. Entity Name

LIGHT OF THE WORLD FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

36620 JUDEE DR.
ZEPHYRHILLS FL 33541

36620 JUDEE DR.
ZEPHYRHILLS FL 33541-2845

2. Principal Place of Business

35207 ST. RD. 54 W.

3. Mailing Address

35207 ST. RD. 54 W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FL.

City & State

ZEPHYRHILLS FLORIDA

Zip

Country

Zip

Country

33541

PASCO

33541

PASCO

4. FEI Number

59-3556654

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

THOMPSON, EDWARD G
36620 JUDEE DR.
ZEPHYRHILLS FL 33541

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
THOMPSON, EDWARD G
36620 JUDEE DR.
ZEPHYRHILLS FL 33541 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
THOMPSON, KATHY L
36620 JUDEE DR.
ZEPHYRHILLS FL 33541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
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CITY-ST-ZIP
DV
GIBSON, CAROL
3718 PAGE ROAD
ZEPHYRHILLS FL 33541 ☐ Delete

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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: Edward G. Thompson 01/08/00 813-783-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #