

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10032

Entity Name: WORDS OF LIGHT CHURCH, INC.**Current Principal Place of Business:**9140 HIGHWAY 301 S
JACKSONVILLE, FL 32234**Current Mailing Address:**9140 HIGHWAY 301 S
JACKSONVILLE, FL 32234**FEI Number:** 59-2236288**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADKINS, LINDA L. REV.
119 SHORE LANE
HAWTHORNE, FL 32640 US*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**Officer/Director Detail :**

Title	PD
Name	ADKINS, LINDA L.
Address	119 SHORE LANE
City-State-Zip:	HAWTHORNE FL 32640

Title	SD
Name	ADKINS, HOWARD C.
Address	119 SHORE LANE
City-State-Zip:	HAWTHORNE FL 32640

Title	D
Name	LOWERY, STANLEY G
Address	1133 COPPER CREEK DR.
City-State-Zip:	MACCLENNY FL 32068

Title	VD
Name	SCAIFE, WILLIAM O.,III
Address	2764 SHADE TREE DRIVE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	TD
Name	PRIEST, DANA L
Address	115 MARTHA DRIVE
City-State-Zip:	MACCLENNY FL 32063

Title	D
Name	ROBERTS, KAREN S
Address	4540 CAMELLIA STREET
City-State-Zip:	MIDDLEBURG, FL 32068

I hereby 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 all other like empowered.

SIGNATURE: KAREN ROBERTS**DIRECTOR****03/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date