

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771211 (0)

1. Corporation Name
LAMP OF JESUS, INC.



Principal Place of Business Mailing Address
% BEN HIGHTOWER RT. 3 BOX 310 STARKE FL 32091

3. Date Incorporated or Qualified **11/14/1983** 3a. Date of Last Report **05/23/1995**
4. FEI Number **59-2366433** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
**MILNE, JACK F.
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 *[Signature]* **1-30-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHTOWER, BEN IV	1.2 NAME	
STREET ADDRESS	RT 3 BOX 278	1.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHTOWER, KIMBERLY	2.2 NAME	
STREET ADDRESS	RT 3 BOX 278	2.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, SCOTT	3.2 NAME	
STREET ADDRESS	1311 WINDSOR PLACE	3.3 STREET ADDRESS	4984 ORTEGA FOREST DR.
CITY-ST-ZIP	JACKSONVILLE FL 32205	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32205
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHTOWER, BEN	4.2 NAME	
STREET ADDRESS	RT 3 BOX 310	4.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, BEN P.	5.2 NAME	
STREET ADDRESS	336 N WALNUT	5.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTON, WILSON	6.2 NAME	
STREET ADDRESS	RT 1 BOX 213	6.3 STREET ADDRESS	
CITY-ST-ZIP	RAIFORD FL 32083-9017	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **KIMBERLY HIGHTOWER** 1-16-96 904-964-1109
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)