FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 6:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35590

1. Corporation Name
The Guiding Light Fellowship Pentecostal Holiness Church of Tallahassee, Florida, Inc

Principal Place of Business	Mailing Address
% Edwina Gordon 2308 Geri-Ann Lane Tallahassee, Fl 32303 USA	% Joseph E. Clemmons 4568 Singleton Dr Tallahassee, Fl 32310-8640 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-11-89
3a. Date of Last Report: 4-4-94
4. FEI Number: 59-2982240 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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	26 2026 Chuli Nene
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Tallahassee, FL
24 Zip / 25 County	29 Zip: 32301-5872 / 30 County: USA

9. Name and Address of Current Registered Agent
Joseph E. Clemmons
4568 Singleton Drive
Tallahassee, Fl 32310

10. Name and Address of New Registered Agent
81 Name: Joseph E. Clemmons
82 Street Address (P.O. Box Number is Not Acceptable): 2026 Chuli Nene
83
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joseph E. Clemmons, DP — DATE: 3-31-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	Joseph E. Clemmons	12 NAME	Joseph E. Clemmons
STREET ADDRESS	4568 Singleton Dr	13 STREET ADDRESS	2026 Chuli Nene
CITY ST ZIP	Tallahassee, Fl 32310-8640	14 CITY ST ZIP	Tallahassee, Fl 32301-5872
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	Herb A. Gordon	22 NAME	100001472841
STREET ADDRESS	2308 Geri-Ann Lane	23 STREET ADDRESS	-05/03/95--01051--008
CITY ST ZIP	Tallahassee, Fl 32303	24 CITY ST ZIP	*****61.25 *****61.25
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	Edwina Gordon	32 NAME	
STREET ADDRESS	2308 Geri-Ann Lane	33 STREET ADDRESS	
CITY ST ZIP	Tallahassee, Fl 32303	34 CITY ST ZIP	
TITLE	V	41 TITLE	V ☒ Change ☐ Addition
NAME	George Bass	42 NAME	Clifton Smith
STREET ADDRESS	7 West Main St. #300	43 STREET ADDRESS	7 West main St., Suite 300
CITY ST ZIP	Apopka, Fl 32703-5185	44 CITY ST ZIP	Apopka, Fl 32703-5185
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: Joseph E. Clemmons — Joseph E. Clemmons — 3-31-95 — 904-488-1814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #