FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

mailed 2/1/96

DOCUMENT # N35590 (1)

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 US	C/O JOSEPH E. CLEMMONS 2026 CHULI NENE TALLAHASSEE FL 32301-5872 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 12/11/1989	3a. Date of Last Report: 05/01/1995
21	26 c/o Joseph E. Clemmons	4. FEI Number: 59-2982240	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 12730 Buckskin Rd	5. Certificate of Status Desired: ☐	$8.75 Additional Fee Required
23 City & State	28 City & State Tallahassee, FL	6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip 32308-9677 / 30 Country US	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CLEMMONS, JOSEPH E
2026 CHULI NENE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 12730 Buckskin Rd

83

84 City: Tallahassee FL 85 Zip Code: 32308-9677

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CLEMMONS, JOSEPH E. 2026 CHULI NENE TALLAHASSEE FL 32301 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 12730 Buckskin Rd Tallahassee, FL 32308-9677
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GORDON, HERB A. 2308 GERI-ANN LANE TALLAHASSEE FL ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON, EDWINA 2308 GERI-ANN LANE TALLAHASSEE FL ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SMITH, CLIFTON 7 WEST MAIN ST. #300 APOPKA FL ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	200001828642 -05/20/96--01030--025 ***61.25 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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 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 4-30-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR