SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 9:56

DOCUMENT # **N36482** **(0)**

1. Corporation Name

ARMOR OF LIGHT MINISTRIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 12901 1551 FORUM PLACE, STE. 200D LAKE PARK FL 33403-7901	TREE OF LIGHT MINISTRIES, INC. PO BOX 12901 LAKE PARK FL 33403-0901 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1990
3a. Date of Last Report: 04/05/1994
4. FEI Number: 65-0186427 ☐ 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 ☒ **FILING FEE IS $61.25**
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 Armor of Light Ministries
Suite, Apt. #, etc. 22 4331 Arbor Way	Suite, Apt. #, etc. 27 PO Box 12901
City & State 23 Palm Beach Gardens, FL	City & State 28 Lake Park, FL
Zip / Country 24 33410-5905 25 USA	Zip / Country 29 33403-2901 30 USA

9. Name and Address of Current Registered Agent

CIBULA, FRANK G., JR.
1551 FORUM PLACE
SUITE 200D
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ 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	DPT	11 TITLE	DVT	☒ Change ☐ Addition
NAME	MURRAY, EVELYN M.	12 NAME		
STREET ADDRESS	4331 ARBOR WAY	13 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH. GARDENS FL	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE	DP	☒ Change ☐ Addition
NAME	MURRAY, DONALD E.	22 NAME		
STREET ADDRESS	4331 ARBOR WAY	23 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH. GARDENS FL	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE	DS	☒ Change ☐ Addition
NAME	BARRINGTON, SATIVA R.	32 NAME	ROSE, EVA M.	
STREET ADDRESS	2505 25TH LANE	33 STREET ADDRESS	1501 CRESCENT CIRCLE	
CITY-ST-ZIP	PALM BCH GARDENS FL	34 CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
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		

CR2E037 (3/95)

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 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: Evelyn M. Murray Evelyn M. Murray 6/16/95 (407)627-1553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number

0010696