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Feb 24, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000002655  
1. Corporation Name  
AJC EVERLASTING LIGHT FOUNDATION, INC.

Principal Place of Business: 1501 SW 52ND TERRACE PLANTATION FL 33317  
Mailing Address: 1501 SW 52ND TERRACE PLANTATION FL 33317



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified						
21	26	05/07/1997						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number						
22	27	65-0745178						
City & State	City & State	5. Certificate of Status Desired						
23	28	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required						
Zip	Country	24	25	29	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALSH, ROBERT DR. 1501 SW 52ND TERR. PLANTATION FL 33317	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSH, ROBERT DR.	1.2 NAME	EVA BRANDT
STREET ADDRESS	1501 SW 52ND TERRACE	1.3 STREET ADDRESS	1465 SW 28th TERR
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	Ft Lauderdale FLA 333
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, MARGARET	2.2 NAME	THOMAS PRIONAS
STREET ADDRESS	111 NE 48TH STREET	2.3 STREET ADDRESS	601 NE 34 STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARONCELLI CAMMACK, DENETTE	3.2 NAME	Peter S. Dokuchitz III
STREET ADDRESS	2016 NE 21ST STREET	3.3 STREET ADDRESS	741 Sw 12th Avenue
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSAR, SANDY	4.2 NAME	
STREET ADDRESS	842 SW 11TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSSBAUM, ELLEN	5.2 NAME	
STREET ADDRESS	1464 NW 97TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33024	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOLLETT, STEVEN	6.2 NAME	
STREET ADDRESS	14 SE 9TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 1-10-98 954-792-482

CR2E037 (11/98)