

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90006 037 ****61.25

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DOCUMENT # N99000003445

1. Entity Name

THE LIGHT MINISTRIES, INC.



Principal Place of Business

Mailing Address

4262 GREENPOCKET LANE
 ORLANDO FL 32839

✓ PO BOX 555211
 ORLANDO FL 32855

C0075664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8508 DANVERS CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

4. FEI Number

59-3579395

Applied For
 Not Applicable

Zip

32818

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, JOSEPH III
 4262 GREENPOCKET LANE
 ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name Joseph Freeman III
 Street Address (P.O. Box Number is Not Acceptable)
8508 DANVERS CT
 City ORLANDO FL Zip Code 32818

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Joseph Freeman III, CEO, President, Founder

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PCED	<input type="checkbox"/> Delete
NAME	FREEMAN, JOSEPH III	
STREET ADDRESS	4262 GREENPOCKET LN	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, ALEXIS	
STREET ADDRESS	4262 GREENPOCKET LN	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, TIMOTHY T	
STREET ADDRESS	2000 W. LIVINGSTON ST	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freeman, Joseph III	
STREET ADDRESS	8508 DANVERS CT.	
CITY-ST-ZIP	ORLANDO, FL. 32818	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freeman, Alexis	
STREET ADDRESS	8508 DANVERS CT.	
CITY-ST-ZIP	ORLANDO, FL. 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Freeman III 407-839-1625

CR2E037 (5/01)