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55 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P04168** (1)

1. Corporation Name

GOSPEL LIGHT FOUNDATION FOR THE BLIND, INCORPORATED

Principal Place of Business

Mailing Address

485 TEWKSBURY LANE N.E.
PALM BAY FL 32907-2280
US

485 TEWKSBURY LANE N.E.
PALM BAY FL 32907-2280
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/27/1984** 3a. Date of Last Report **01/24/1994**

4. FEI Number **62-1151353** 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 R. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

22. City & State

27. State, Apt # etc

23

28. City & State

24. Zip

Country

25

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEATHLEY, BILLY C.
485 TEWKSBURY LANE N.E.
PALM BAY FL 32907**

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 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|--------------------------------|
| TITLE | P |
| NAME | KEATHLEY, BILLY C. |
| STREET ADDRESS | 485 TEWKSBURY LANE N.E. |
| CITY - ST - ZIP | PALM BAY FL |
| TITLE | ST |
| NAME | KEATHLEY, BARBARA J. |
| STREET ADDRESS | 485 TEWKSBURY LANE N.E. |
| CITY - ST - ZIP | PALM BAY FL |
| TITLE | D |
| NAME | COLLISON, EDWARD (REV.) |
| STREET ADDRESS | 3950 DAIRY ROAD |
| CITY - ST - ZIP | MELBOURNE FL |
| TITLE | D |
| NAME | ROHLANDER, ROBERT |
| STREET ADDRESS | R#2, BOX 118 |
| CITY - ST - ZIP | SPARTA TN |
| TITLE | D |
| NAME | HOLLAND, MIKE |
| STREET ADDRESS | 6105 W FARKES RD |
| CITY - ST - ZIP | PLANT CITY FL |
| TITLE | D |
| NAME | DARGIE, DR. BOB |
| STREET ADDRESS | 2625 S. ST. |
| CITY - ST - ZIP | TITUSVILLE FL |

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 110.07(3)(k), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara J. Keathley* Barbara J. Keathley

4/26/95 487-724-9038