

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005201

**FILED**  
**Jan 19, 2017**  
**Secretary of State**  
**CC4189333640**

**Entity Name:** ALL LIGHT MINISTRIES INTERNATIONAL INC

**Current Principal Place of Business:**

2704 LAURELWOOD LANE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

PO BOX 15816  
TALLAHASSEE, FL 32317-5816

**FEI Number:** 27-2786372

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ULM, MICHAEL LREV/DR  
2704 LAURELWOOD LANE  
TALLAHASSEE, FL 32308 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D P  
Name ULM, MICHAEL L  
Address 2704 LAURELWOOD LANE  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name LAPERRIERE, ELLEN REV.  
Address 168 DESTINY CIRCLE  
City-State-Zip: CAPE CORAL FL 33990

Title D VP  
Name CATES, DELL WREV.  
Address 2704 LAURELWOOD LANE  
City-State-Zip: TALLAHASSEE FL 32308

Title D T  
Name BOCCALEONI, ALBERTA REV.  
Address 1925 SE 7TH STREET  
City-State-Zip: LEE'S SUMMIT MO 64063-1003

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELLEN LAPERRIERE

**DIRECTOR/ADMINISTRAT** 01/19/2017  
**OR**

Electronic Signature of Signing Officer/Director Detail

Date