

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004306

**FILED**  
**Jan 11, 2014**  
**Secretary of State**  
**CC8611216695**

**Entity Name:** ALL LIGHT MINISTRIES US, INC.

**Current Principal Place of Business:**

2704 LAURWOOD LANE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2704 LAURWOOD LANE  
TALLAHASSEE, FL 32308

**FEI Number:** 41-5861492

**Certificate of Status Desired:** No

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

ULM, MICHAEL DR  
2704 LAURWOOD 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 PD  
Name ULM, MICHAEL DR  
Address 2704 LAURWOOD LANE  
City-State-Zip: TALLAHASSEE FL 32308

Title VSD  
Name CATES, DELL REV  
Address 2704 LAURWOOD LANE  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name LAPERRIERE, ELLEN  
Address 2469 TWIN DR  
City-State-Zip: SARASOTA FL 34234

Title T  
Name BOCCALEONI, ALBERTA  
Address 1925 S.E. 7TH ST  
City-State-Zip: LEE'S SUMMIT MO 64063

*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**

**01/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date