

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED
95 APR 28 PM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733861 (9)

1. Corporation Name
APOSTLES OF LIGHT, INC.

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 2944 NOVUS STREET SARASOTA FL 34237 | Mailing Address 2944 NOVUS STREET SARASOTA FL 34237 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/18/1975 | 3a. Date of Last Report 04/28/1994 |
| 4. FEI Number 59-1626754 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

**MOSELEY, THOMAS
1111 9TH AVENUE WEST, SUITE E
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

| |
|---|
| B1 Name |
| B2 Street Address (P.O. Box Number is Not Acceptable) |
| B3 |
| B4 City |
| B5 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE PO | NAME FAITHFUL, MYRTLE B |
| STREET ADDRESS 2944 NOVUS ST | CITY - ST - ZIP SARASOTA, FL 00000 |
| TITLE D | NAME MONSON, LINDA S. |
| STREET ADDRESS 41112 17TH AVE., WEST | CITY - ST - ZIP BRADENTON FL |
| TITLE D | NAME JACOBS, DORENE A. |
| STREET ADDRESS 2811 TULANE AVE. | CITY - ST - ZIP BRADENTON FL |
| TITLE STD | NAME RICHEY, F.T. JR |
| STREET ADDRESS 608 31ST ST. W. | CITY - ST - ZIP BRADENTON FL |
| TITLE D | NAME HILL, JANICE E |
| STREET ADDRESS 3309 21ST AVE W | CITY - ST - ZIP BRADENTON, FL 00000 |
| TITLE OV | NAME HAINES, GERARD |
| STREET ADDRESS 3808 34TH AVE W. | CITY - ST - ZIP BRADENTON, FL 00000 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 4112 17TH AVE., WEST |
| 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; 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.

SIGNATURE: Rev. Myrtle B. Faithful president April 24, '95 813-953-4296
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTON (Fees)

REV. MYRTLE B. FAITHFUL