

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **733861** (9)

1. Corporation Name
APOSTLES OF LIGHT, INC.



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: **04/28/1995**
4. FEI Number: **59-1626754**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAITHFUL, MYRTLE B	1 2 NAME
STREET ADDRESS	2944 NOVUS ST	1 3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA, FL 00000	1 4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONSON, LINDA S.	2 2 NAME
STREET ADDRESS	4112 WEST 17TH AVE	2 3 STREET ADDRESS
CITY-ST-ZIP	BRADENTON FL	2 4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, DORENE A.	3 2 NAME
STREET ADDRESS	2811 TULANE AVE.	3 3 STREET ADDRESS
CITY-ST-ZIP	BRADENTON FL	3 4 CITY-ST-ZIP
TITLE	STD <input type="checkbox"/> DELETE	4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHEY, F.T. JR	4 2 NAME
STREET ADDRESS	606 31ST ST. W.	4 3 STREET ADDRESS
CITY-ST-ZIP	BRADENTON FL	4 4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JANICE E	5 2 NAME
STREET ADDRESS	3309 21ST AVE W	5 3 STREET ADDRESS
CITY-ST-ZIP	BRADENTON, FL 00000	5 4 CITY-ST-ZIP
TITLE	DV <input type="checkbox"/> DELETE	6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES, GERARD	6 2 NAME
STREET ADDRESS	3806 34TH AVE W.	6 3 STREET ADDRESS
CITY-ST-ZIP	BRADENTON, FL 00000	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 119.07(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: Myrtle B. Faithful
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E037 (12/95)