


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FAITHFUL, MYRTLE B	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2044 NOVUS ST	1.2 NAME	
STREET ADDRESS	SARASOTA, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MONSON, LINDA S.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4112 WEST 17TH AVE	2.2 NAME	
STREET ADDRESS	BRADENTON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D JACOBS, DORENE A.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2811 TULANE AVE.	3.2 NAME	
STREET ADDRESS	BRADENTON FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	STD RICHEY, F.T. JR	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	006 31ST ST. W.	4.2 NAME	
STREET ADDRESS	BRADENTON FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HILL, JANICE E	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3309 21ST AVE W	5.2 NAME	
STREET ADDRESS	BRADENTON, FL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DV HAINES, GERARD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3806 34TH AVE W.	6.2 NAME	
STREET ADDRESS	BRADENTON, FL 00000	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(a), 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, President *Myrtle B. Faithful* (941) 953-4296

CR2E037 (10/97)