

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90152 028 ****61.25

0067748

DOCUMENT # 733861

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/18/1975

4. FEI Number

59-1626754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD FAITHFUL, MYRTLE B**
STREET ADDRESS **2944 NOVUS ST**
CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE ☐ DELETE
NAME **D MONSON, LINDA S.**
STREET ADDRESS **4112 WEST 17TH AVE**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE
NAME **D JACOBS, DORENE A.**
STREET ADDRESS **2811 TULANE AVE.**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE
NAME **STD PAYNOVICH, PAUL I.**
STREET ADDRESS **2425 VALENCIA DR**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ DELETE
NAME **D HILL, JANICE E**
STREET ADDRESS **3309 21ST AVE W**
CITY-ST-ZIP **BRADENTON, FL 00000**

TITLE ☐ DELETE
NAME **DV HAINES, AILEEN C.**
STREET ADDRESS **3806 34TH AVE W**
CITY-ST-ZIP **BRADENTON, FL 00000 34203**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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(3)(i), 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, with all other like empowered.

SIGNATURE: **Myrtle B. Faithful**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (941) 953-4296

Date

Daytime Phone #

CR2E037 (11/98)