

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0052800

**DOCUMENT # 733861**

1. Entity Name

**APOSTLES OF LIGHT, INC.**

04-02-2002 90919 048 \*\*\*\*\*61.25

Principal Place of Business <b>2944 NOVUS STREET SARASOTA FL 34237</b>	Mailing Address <b>2944 NOVUS STREET SARASOTA FL 34237</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-1626754**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

**FILE NOW; FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>PD, TREASURER</b>	<input type="checkbox"/> Delete
NAME <b>FAITHFUL, MYRTLE B</b>	
STREET ADDRESS <b>2944 NOVUS ST</b>	
CITY-ST-ZIP <b>SARASOTA, FL 00000</b>	
TITLE <b>D, SECRETARY</b>	<input type="checkbox"/> Delete
NAME <b>MONSON, LINDA S.</b>	
STREET ADDRESS <b>4112 WEST 17TH AVE</b>	
CITY-ST-ZIP <b>BRADENTON, FL</b>	
TITLE <b>D, VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>JACOBS, DORENE A.</b>	
STREET ADDRESS <b>2811 TULANE AVE.</b>	
CITY-ST-ZIP <b>BRADENTON FL</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>PAYNOVICH, PAUL I.</b>	
STREET ADDRESS <b>2425 VALENCIA DR</b>	
CITY-ST-ZIP <b>SARASOTA FL 34239</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>HILL, JANICE E</b>	
STREET ADDRESS <b>3309 21ST AVE W</b>	
CITY-ST-ZIP <b>BRADENTON, FL 00000</b>	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HAINES, AILEEN C.</b>	
STREET ADDRESS <b>3806 34TH AVE W</b>	
CITY-ST-ZIP <b>BRADENTON, FL 00000 34203</b>	

TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BOBBIE B. TOWNSEND</b>	
STREET ADDRESS <b>331 11TH AVE, W.</b>	
CITY-ST-ZIP <b>PALMETTO, FL 34221</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Myrtle B. Faithful (MYRTLE B. FAITHFUL) 4/25/02 941-953-4296  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)