


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765134** (2)
1. Corporation Name
HEALING LIGHT FOUNDATION INC.

Principal Place of Business	Mailing Address
C/O LYDIA HASSELBRING P O BOX 136 MORRISTON FL 32668-6998	C/O LYDIA HASSELBRING P O BOX 136 MORRISTON FL 32668-6998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18780 S.E. 23RD PL.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/21/1982	3a. Date of Last Report 03/04/1996
22 City & State 23 MORRISTON, FL	27 City & State	4. FEI Number 11-2572615	Applied For Not Applicable
24 Zip 32668	25 Country	28 Zip	29 Country
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	
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			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASSELBRING, LYDIA STALNAKER
~~0 LAKE STAFFORD DR~~
MORRISTON FL 32668

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 18780 S.E. 23RD PL
83
84 City MORRISTON
85 Zip Code FL 32668

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 *Lydia S. Hasselbring* *Lydia S. Hasselbring* **8-2-97**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSELBRING, LYDIA S.	1.2 NAME	
STREET ADDRESS	0 LAKE STAFFORD DR	1.3 STREET ADDRESS	18780 S.E. 23RD PL
CITY-ST-ZIP	MORRISTON FL	1.4 CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSELBRING, RODNEY	2.2 NAME	
STREET ADDRESS	0 LAKE STAFFORD DR	2.3 STREET ADDRESS	18780 S.E. 23RD PL
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, PENNY	3.2 NAME	
STREET ADDRESS	12769 AGATITE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE REQUIRED

CR2E037 (4/97)