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NONPROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT # 765134

L. Corporation Name

HEALING LIGHT FOUNDATION INC.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED May 22 1998 8:00am Secretary of State

1. Corporatio	n na me	` '							
HEALI	NG LIGHT FOUNDATION I	NC.				d háddiú dásla állai Siest i bas eini si	he dahar dadar makar makar		
		•							
Principal Plac	e of Business	Malling Address					[]	0 0 0	
18780 SE 23RO PL		C/O LYDIA HASSELBRING			}	3. Date Incorporated or Qualified			
P 0 BOX 136 MORRISTON FL 32668		P O BOX 136 MORRISTON FL 32668-6998				09/21/1982			
US		MIGHNIO TOTA TE 92000 0000				4. FEI Number	A	pplied For	
6 5 0-1-1-16		[0 - 14 W A 14				11 -25 72615	N	ot Applicable	
2. Principal P	Place of Business	2a. Mailing Address				5. Certificate of Status Desired		Additional equired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	-	
22		27	27			Trust Fund Contribution	Added (
City & Stat	10	City & State				7. Is this nonprofit corporation a horr	neowne <u>rs</u> associatio	on?	
23		28				Yes No			
Zip	Country	Zip	Coun	try		8. This corporation owes or has paid		'	
24	25 29 30 9, Name and Address of Current Registered Agent					Personal Property Tax due June 3 10. Name and Address of New Regi		_] No	
s, Haine and Address of Current Registered Agent					Name	10. Hame and Address of New Acg	stored Agent		
HASSEI	BRING, LYDIA STALNAKER			_					
16780 SE 23RD PLACE			- 1	32 5	Street Addres	et Address (P.O. Box Number is Not Acceptable)			
	STON FL 32668		Į	33				· · · · · · · · · · · · · · · · · · ·	
			Ļ	34 (City		Tee 1 75		
					•			Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	the abo	ove-n	named corporation	ation submits this statement for the pur n's board of directors. I hereby accept	rpose of changing i	ts registered	
agent. I a	am familiar with, and accept the obl	gations of, Section 617.0503, Flori	ida Statu	tes.	ie corporation	is board of directors. Thereby accept	the appointment as	registered	
SIGNATURE									
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	13.	Agent s	signature required	ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIRECTOR	RS IN 12	
TITLE	PO	DELETE	1.1 TITLE			TIBELLIA TO STATE	☐ Change	Addition	
NAME	HASSELBRING, LYDIA S.		1.2 NAME				_		
STREET ADDRESS	18780 SE 23RD PL		1.3 STREE		DRESS				
CITY-ST-ZIP	MORRISTON FL		1.4 CITY						
TITLE	8VD	☐ DELETE	2.1 TITLE		SYD		Change	Addition	
NAME	HASSELBRING, RODNEY		2.2 NAME		MAS	SELBRENG, RODNEY			
STREET ADDRESS	18780 SE 23RD PL		2.3 STREE			80 SE RBRO PL			
CITY-ST-ZIP TITLE	- JACKSONVILLE FL	DELETE	2. 4 CITY 3.1 TITLE		ZIP MOA	rriston, FL 32668	Change	Addition	
NAME :	PETTY, PENNY		3.1 (III.6 3.2 NAM		0	mmis Amaialel		Last Audition	
STREET ADDRESS	12709 AGATITE RD:		3.2 NAME		OBECC 400	rry, PENNY Bay Hollow CT. Ksonville, FL 3225			
CITY-ST-ZIP	JACKSONVILLE FL		9.4. C(TY		7IP	Kennyille El 2225	•		
TITLE		☐ DELETE	4.1 TITLE		- Phys	The same of	Change	Addition	
NAME			4. 2 NAM	ΜE					
STREET ADDRESS			4.3 STRI	EET AD	DRESS				
CITY-ST-ZIP			4.4 CiTY-5		<u>P</u>				
TITLE		☐ DELETE	5.1 TITL				☐ Change	☐ Addition	
NAME			5.2 NAM						
CTREET ANABESS	I		E 2 CTO	CET AN	DRECC I				

14. Thereby 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 in an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

1-17-98

Change

Addition