

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90008 043 ****70.00

DOCUMENT # 765134

1. Corporation Name

HEALING LIGHT FOUNDATION INC.

Principal Place of Business

18780 SE 23RD PL
P O BOX 136
MORRISTON FL 32668
US

Mailing Address

C/O LYDIA HASSELBRING
P O BOX 136
MORRISTON FL 32668-6998



2. Principal Place of Business

21 18780 S.E. 23 Place

~~XXXXXX~~

22 P.O. Box 40

City & State
23 Morriston, Florida

Zip Country
24 32668 25 USA

2a. Mailing Address

26 18780 S.E. 23 Place

~~XXXXXX~~

27 P.O. Box 40

City & State
28 Morriston, Florida

Zip Country
29 32668 30 USA

3. Date Incorporated or Qualified

09/21/1982

4. FEI Number

11-2572615

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HASSELBRING, LYDIA STALNAKER
18780 SE 23RD PLACE
MORRISTON FL 32668

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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 PD ☐ DELETE

NAME HASSELBRING, LYDIA S.

STREET ADDRESS 18780 SE 23RD PL

CITY-ST-ZIP MORRISTON FL

TITLE SVD ☒ DELETE

NAME HASSELBRING, RODNEY

STREET ADDRESS 18780 SE 23RD PL

CITY-ST-ZIP MORRISTON FL 32668

TITLE D ☐ DELETE

NAME PETTY, PENNY

STREET ADDRESS 508 BAY HOLLOW CT

CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-99

Date

(352) 528-6863

Daytime Phone #

0012428

CR2E037 (11/98)