

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765134

1. Entity Name

HEALING LIGHT FOUNDATION INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90008 006 ****70.00

Principal Place of Business

18780 SE 23RD PL
PO BOX 40
MORRISTON FL 32668
US

Mailing Address

18780 SE 23RD PL
PO BOX 40
MORRISTON FL 32668-0040
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2572615

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME HASSELBRING, LYDIA S.
STREET ADDRESS 18780 SE 23RD PL
CITY-ST-ZIP MORRISTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVD
NAME WEBER, PAUL W
STREET ADDRESS 18780 SE 23RD PL
CITY-ST-ZIP MORRISTON FL 32668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PETTY, PENNY
STREET ADDRESS 508 BAY HOLLOW CT
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Paul W. Weber
PAUL W. WEBER

1/25/00 352 5286863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)