

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **771211** (0)

1. Corporation Name

**LAMP OF JESUS, INC.**



Principal Place of Business

Mailing Address

% BEN HIGHTOWER  
RT. 3 BOX 310  
STARKE FL 32091

% BEN HIGHTOWER  
RT. 3 BOX 310  
STARKE FL 32091

3. Date Incorporated or Qualified <b>11/14/1983</b>	3a. Date of Last Report <b>05/23/1995</b>
4. FEI Number <b>59-2366433</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILNE, JACK F.  
4595 LEXINGTON AVENUE  
JACKSONVILLE FL 32210

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]*

1-30-96

Signature, typed or printed name of registered agent and title 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  
NAME HIGHTOWER, BEN IV  
STREET ADDRESS RT 3 BOX 278  
CITY-ST-ZIP STARKE FL 32091 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME HIGHTOWER, KIMBERLY  
STREET ADDRESS RT 3 BOX 278  
CITY-ST-ZIP STARKE FL 32091 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME ADAMS, SCOTT  
STREET ADDRESS 1311 WINDSOR PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ DELETE

3.1 TITLE TD  
3.2 NAME ADAMS, SCOTT  
3.3 STREET ADDRESS 4984 ORTEGA FOREST DR.  
3.4 CITY-ST-ZIP JACKSONVILLE FL 32205 ☒ Change ☐ Addition

TITLE D  
NAME HIGHTOWER, BEN  
STREET ADDRESS RT 3 BOX 310  
CITY-ST-ZIP STARKE FL 32091 ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BRYANT, BEN P.  
STREET ADDRESS 336 N WALNUT  
CITY-ST-ZIP STARKE FL ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HASTON, WAILON  
STREET ADDRESS RT 1 BOX 213  
CITY-ST-ZIP RAIFORD FL 32083-9017 ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **KIMBERLY HIGHTOWER** 1-16-96 904-964-1109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)