

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000652 (6)

1. Corporation Name

LIGHT OF GOD INCORPORATED

Principal Place of Business

4702 ALTON RD.
TAMPA FL 33615

Mailing Address

4702 ALTON RD.
TAMPA FL 33615



3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2311 5th. Ave. N.

26 2311 5th. Ave. N.

4. FEI Number

58-2071017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip

Country

Zip

Country

24 33713

25 Pinellas

29 33713

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGI, SEER
4702 ALTON RD.
TAMPA FL 33615

81 Name

Seer Magi

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

2311 5th. Ave. N.

83

84

City St. Petersburg

FL

85 Zip Code

33713

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

Seer Magi

Seer Magi

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 PCD ☒ DELETE

NAME MAGI, SEER
STREET ADDRESS 4702 ALTON RD.
CITY-ST-ZIP TAMPA FL 33615

11 TITLE PCD ☒ Change ☐ Addition

12 NAME Magi, Seer
13 STREET ADDRESS 2311 5th. Ave. N.
14 CITY-ST-ZIP St. Petersburg, FL 33713

TITLE DTS ☒ DELETE

NAME MAGI, NANCY
STREET ADDRESS 4702 ALTON RD.
CITY-ST-ZIP TAMPA FL 33615

21 TITLE DTS ☐ Change ☐ Addition

22 NAME Magi, Nancy
23 STREET ADDRESS 2311 5th. Ave. N.
24 CITY-ST-ZIP St. Petersburg, FL 33713

TITLE DVCV ☐ DELETE

NAME COLEMAN, JERRY
STREET ADDRESS 10255 CO. RD. 32, LOT #8
CITY-ST-ZIP FAIRHOPE AL

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

Seer Magi Seer Magi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 813-327-2789
Date Daytime Phone #

CR2E037 (12/95)