

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005910

1. Entity Name

LIGHT FOR ALL NATIONS MINISTRIES, INC.

Principal Place of Business

2626 NE JACKSONVILLE ROAD
OCALA FL 34470

Mailing Address

2626 NE JACKSONVILLE ROAD
OCALA FL 34470-3747

2. Principal Place of Business

3. Mailing Address

P.O. Box 831432

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA, FL

Zip

Country

Zip

Country

34483-1432

4. FEI Number

55-0765572

Applied For

Not Applicable

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

KINCAID, JACK L
2626 NE JACKSONVILLE ROAD
OCALA FL 34470

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 NAME STREET ADDRESS CITY-ST-ZIP	CP JOHNSON, LEN 20 MEVO HAMAABAK 96877 JERUSALEM, ISRAEL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV SHAHEEN, DIZAR 20 MEVO HAMAABAK 96877 JERUSALEM, ISRAEL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KINCAID, JACK L 2626 NE JACKSONVILLE ROAD OCALA FL 34470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

4-29-00

352-671-7693

Date

Daytime Phone #

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90114 028 ****61.25



DO NOT WRITE IN THIS SPACE