2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002271

Title:

Name:

Address:

City-St-Zip:

FILED Apr 04, 2007 Secretary of State

Entity Name: LIGHT & LIFE HOMES, INC. **Current Principal Place of Business: New Principal Place of Business:** 5421 SHARON TRAIL LAKELAND, FL 33810 **Current Mailing Address: New Mailing Address:** 5421 SHARON TRAIL LAKELAND, FL 33810 FEI Number: 31-1708405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEHMAN, RICHARD A 5421 SHARON TRAIL LAKELAND, FL 33810 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEHMAN, RICHARD A Name: Name: 5421 SHARON TRAIL Address: Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SAYERS, LELAND D Name: Address: 5243 CAANAN AVENUE Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, FRIEND L Name: Name: Address: 5356 ZION AVENUE Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: Title: STD () Delete Title: () Change () Addition Name: LEHMAN, MARJORIE B Name: 5421 SHARON TRAIL Address: Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARJORIE B. LEHMAN STD 04/04/2007

() Delete

GOLDSMITH, ROBERT W

7925 SPRING ARBOR ROAD

SPRING ARBOR, MI 49283

() Change () Addition