

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003664

1. Entity Name

LIGHTWEAVERS INTERNATIONAL, INC.

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90165 010 ****70.00

Principal Place of Business

Mailing Address

545 E VAN BUREN ST
TALLAHASSEE FL 32301

545 E VAN BUREN ST
TALLAHASSEE FL 32301

00010011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

KENDRICK-RAPILLO, REVEREND
545 E VAN BUREN ST
TALLAHASSEE FL 32301

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 **D** ☐ Delete
NAME **FISHER, PHYLLIS S**
STREET ADDRESS **1138 FISHER RD**
CITY-ST-ZIP **CHATTAHOOCHEE FL 32324**

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

TITLE **D** ☐ Delete
NAME **FISHER, STEPHEN G**
STREET ADDRESS **1138 FISHER RD**
CITY-ST-ZIP **CHATTAHOOCHEE FL 32324**

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

TITLE **D** ☐ Delete
NAME **KENDRICK-RAPILLO, JEAN REV**
STREET ADDRESS **545 E VAN BUREN ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **D** ☐ Delete
NAME **KRISTNER, DIANE REV**
STREET ADDRESS **9234 LUCKY ACRES TR**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

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

TITLE **D** ☐ Delete
NAME **PIETREWICZ, KATHLEEN M**
STREET ADDRESS **118 GREEN OAKS RD**
CITY-ST-ZIP **HAVANA FL 32333**

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

TITLE **D** ☐ Delete
NAME **STEELMAN, KEN**
STREET ADDRESS **651 TYRE RD**
CITY-ST-ZIP **HAVANA FL 32333**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)