

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000003664

1. Entity Name

LIGHTWEAVERS INTERNATIONAL, INC.



FILED

05 FEB -9 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

545 E VAN BUREN ST
TALLAHASSEE FL 32301

Mailing Address

545 E VAN BUREN ST
TALLAHASSEE FL 32301

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

SP

1st MOORE

CR2E037 (10/04)

4. FEI Number

20-0370503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Jean Kendrick
Street Address (P.O. Box Number is Not Acceptable)
Same Address

Same person

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jean Kendrick

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/9/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CANONO, JILL
STREET ADDRESS 1302 INDIANHEAD DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ Delete
NAME WHITEHEAD, JANE
STREET ADDRESS 9126 SHOAL CREEK DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

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

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

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

TITLE D ☐ Delete
NAME Michelle Blanton, Michelle
STREET ADDRESS P.O. Box 407
CITY-ST-ZIP Tallahassee, FL 32302

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE DP ☒ Change ☐ Addition
NAME Kendrick, Jean Rev
STREET ADDRESS 545 E. Van Buren St.
CITY-ST-ZIP Tallahassee, FL 32301

TITLE DS ☒ Change ☐ Addition
NAME Sande, Laninda
STREET ADDRESS 2132 Longview Dr.
CITY-ST-ZIP Tallahassee, FL 32303

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

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

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02/18/05--01060--002 **70.00

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:

Jean Kendrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

DATE

Daytime Phone #