2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003664

1. Entity Name
LIGHTWEAVERS INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 MAY 29 PM 3: 19

Principal Place of Business	Mailing Address
545 E VAN BUREN ST TALLAHASSEE FL 32301	545 E VAN BUREN ST TALLAHASSEE FL 32301

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** FEI Number **NOT APPLICABLE** — Applied For / Not Applicable
City & State	City & State	
Zip / Country	Zip / Country	**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME FISHER, PHYLLIS S STREET ADDRESS 1138 FISHER RD CITY-ST-ZIP CHATTAHOOCHEE FL 32324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200020687632 06/09/03--01083--013 **70.00	☐ Change ☐ Addition
TITLE D NAME FISHER, STEPHEN G STREET ADDRESS 1138 FISHER RD CITY-ST-ZIP CHATTAHOOCHEE FL 32324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME KENDRICK-RAPILLO, JEAN REV STREET ADDRESS 545 E VAN BUREN ST CITY-ST-ZIP TALLAHASSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME KRISTNER, DIANE REV STREET ADDRESS 9234 LUCKY ACRES TR CITY-ST-ZIP TALLAHASSEE FL 32310	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME PIETREWICZ, KATHLEEN M STREET ADDRESS 118 GREEN OAKS RD CITY-ST-ZIP HAVANA FL 32333	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STEELMAN, KEN STREET ADDRESS 651 TYRE RD CITY-ST-ZIP HAVANA FL 32333	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 Rapillo_   6/29/03