2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N00000006350

Entity Name: LIGHT SOLDIERS MINISTRIES INC.

Current Principal Place of Business:

1689 LONGHORN RD.
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

1689 LONGHORN RD.
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 59-3686431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILCOX, TONY E
1689 LONGHORN RD.
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: SILCOX, TONY E
Address: 1689 LONGHORN ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: STD ( ) Delete
Name: SILCOX, JUNE
Address: 1689 LONGHORN ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: SILCOX, LORAINE
Address: 1333 STARLING ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: DOLEZEL, MELANIE
Address: 4706 CALENDULA AVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: HUNT, CHARLIE
Address: 848 ARTHUR MOORE DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SILCOX, CALEB
Address: 1689 LONGHORN RD.
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: TONY SILCOX P 03/31/2009

Electronic Signature of Signing Officer or Director — Date