

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90143 013 *****61.25

0001629

DOCUMENT # N00000008155

1. Entity Name

LADIES OF THE LIGHT, INC.

Principal Place of Business

**702 CARONDELAY DRIVE
 PENSACOLA FL 32506**

Mailing Address

**702 CARONDELAY DRIVE
 PENSACOLA FL 32506**

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

59-3698338

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

**KELLY, ALMA ELIZABETH
 702 CARONDELAY DRIVE
 PENSACOLA FL 32506**

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|--|----------|------------------------------|--|--|----------|------------------------|--|
| <input type="checkbox"/> Delete | D | KELLY, ALMA ELIZABETH | 702 CARONDELAY DRIVE PENSACOLA FL 32506 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | D | FLEMING, DEBBIE | 7470 DANNY WAY PENSACOLA FL 32526 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | D | GROVE, DELSA | 811 WOODLAND DRIVE PENSACOLA FL 32503 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input checked="" type="checkbox"/> Delete | D | PIERCE, CHERYL | POST OFFICE BOX 1025 PENSACOLA FL 32533 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | D | Farley, Heather | 6055 Bella Donna St Pensacola, FL 32503 |
| <input type="checkbox"/> Delete | D | FREE, JACKIE | 103 KENTUCKY DRIVE PENSACOLA FL 32505 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Alma Elizabeth Kelly / **Alma Elizabeth Kelly**

4-19-01

(850) 455-2756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)