

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008155

FILED
Feb 04, 2009
Secretary of State

Entity Name: LADIES OF THE LIGHT, INC.

Current Principal Place of Business:

6265 FRANK REEDER RD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

6265 FRANK REEDER RD
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 59-3698338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, ALMA ELIZABETH
6265 FRANK REEDER RD
PENSACOLA, FL 32526 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: D () Delete
Name: KELLY, ALMA ELIZABETH
Address: 6265 FRANK REEDER RD.
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: FLEMING, DEBBIE
Address: 7470 DANNY WAY
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: RECTOR, HOLLY
Address: 108 PINE BLUFF DR
City-St-Zip: DALLAS, GA 30157

Title: D () Delete
Name: FARLEY, HEATHER
Address: 2137 LIBERTY LOOP ROAD
City-St-Zip: PENSACOLA, FL 32533

Title: D () Delete
Name: FREE, JACKIE
Address: 103 KENTUCKY DRIVE
City-St-Zip: PENSACOLA, FL 32505

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:

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: ALMA ELIZABETH KELLY

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date