

2002 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-07-2002 90299 025 *****61.25

DOCUMENT # N01000000126

1. Entity Name

LIFE LIGHT FOUNDATION, INC.

Principal Place of Business

Mailing Address

812 WEEDEN ISLAND DR
NICEVILLE FL 32578

812 WEEDEN ISLAND DR
NICEVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

P.O. Box 943

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville FL

4. FEI Number

59-3691485

Applied For

Not Applicable

Zip

Country

Zip 32588-0943

Country USA

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

MARCHIANDO, PETER J
812 WEEDEN ISLAND DR
NICEVILLE FL 32578

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

Peter J. Marchiando (No Change)

1-15-2002

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
MARCHIANDO, PETER J
812 WEEDEN ISLAND DR
NICEVILLE FL 32578 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NIEFT, DONNA L
107 MEADOW WOODS LN
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LYNN, DONNA
2405 ROCKY SHORES DR.
NICEVILLE FL 32578 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DECKER, DIANE M
264 CHIPOLA COVE
DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DECKER, DIANE M
2405 ROCKY SHORES DR.
NICEVILLE, FL 32578 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Peter J. Marchiando

1-15-2002 850-729-1425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. MARCHIANDO

Daytime Phone #

CR2E037 (9/01)