

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90367 027 \*\*\*\*61.25

**DOCUMENT # N01000000126**

1. Entity Name  
**LIFE LIGHT FOUNDATION, INC.**



Principal Place of Business  
**812 WEEDEN ISLAND DR  
NICEVILLE, FL 32578 US**

Mailing Address  
**P O BOX 943  
NICEVILLE, FL 32588-0943 US**

**14004424**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3691485**

Applied For  
Not Applicable

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

**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. 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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCHIANDO, PETER J 812 WEEDEN ISLAND DR NICEVILLE, FL 32578	<input type="checkbox"/> Delete (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYNN, DONNA 2405 ROCKY SHORES DR NICEVILLE, FL 32578	<input type="checkbox"/> Delete (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DECKER, DIANE M 2405 ROCKY SHORES DR NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARLES D. COLEMAN 113 TERESA CT NICEVILLE, FL 3257	<input type="checkbox"/> Delete D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL A. YARNALL 4311 PERSHING SE Albuquerque, NM 87108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV D Donna Lynn 1133 SANDALWOOD CIR NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARLES D. COLEMAN 113 TERESA CT NICEVILLE, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL A. YARNALL 4311 PERSHING SE ALBUQUERQUE, NM 87108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<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 its 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 14, 2004 850-729-1425**

Date

Daytime Phone #