

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000126

FILED
Apr 06, 2005
Secretary of State

Entity Name: LIFE LIGHT FOUNDATION, INC.

Current Principal Place of Business:

812 WEEDEN ISLAND DR
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 943
NICEVILLE, FL 325880943 US

New Mailing Address:

FEI Number: 59-3691485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCHIANDO, PETER J
812 WEEDEN ISLAND DR
NICEVILLE, FL 32578 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: PD () Delete
Name: MARCHIANDO, PETER J
Address: 812 WEEDEN ISLAND DR
City-St-Zip: NICEVILLE, FL 32578

Title: TVD () Delete
Name: LYNN, DONNA
Address: 1133 SANDALWOOD CIR
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: COLEMAN, CHARLES D
Address: 113 TERESA CT.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: YARNALL, CAROL A
Address: 4311 PERSHING SE
City-St-Zip: ALBUQUERQUE, NM 87108

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER J. MARCHIANDO

PD

04/06/2005

Electronic Signature of Signing Officer or Director

Date