


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

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
---	---



01152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3691485	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCHIANDO, PETER J 812 WEEDEN ISLAND DR NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD LYNN, DONNA 1133 SANDALWOOD CIR NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLEMAN, CHARLES D 113 TERESA CT. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARNALL, CAROL A 4311 PERSHING SE ALBUQUERQUE, NM 87108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000390458
01/23/06-80028-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 PETER J. MARCHIANDO Jan 15, 2006 950-729-1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #