NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State
04-28-2003 91297 019 ****61.25

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DOCUMENT # N01000000126

1. Entity Name
LIFE LIGHT FOUNDATION, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
812 WEEDEN ISLAND DR	P.O. Box 943
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NICEVILLE FL	City & State: NICEVILLE FL
Zip: 32578 Country:	Zip: 32588-0943 Country:

4. FEI Number: 59-3691485 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PETER J. MARCHIANDO

Street Address (P.O. Box Number is Not Acceptable): 812 WEEDEN ISLAND DR

City: NICEVILLE FL Zip Code: 32578

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: Peter J. Marchiando 4-21-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 *Initial or Amended UBR*

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	P
NAME	MARCHIANDO, PETER J. (D)
STREET ADDRESS	812 WEEDEN ISLAND DR
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	VP
NAME	LYNN, DONNA (D)
STREET ADDRESS	2405 ROCKY SHORES DR
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	TS
NAME	DECKER, DIANE M. (D)
STREET ADDRESS	432 ADMIRAL CT.
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Peter J. Marchiando 4-21-2003 850-729-1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PETER J. MARCHIANDO Daytime Phone #