

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000005912

1. Entity Name
LIGHT OF TRUTH OUTREACH CENTER, INC.



Principal Place of Business
191 NORTH HWY. 314A
SILVER SPRINGS, FL 34488

Mailing Address
16125 NE 2ND STREET
SILVER SPRINGS, FL 34488



02012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCIS, GARY K
191 NORTH HWY. 314A
SILVER SPRINGS, FL 34488

**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) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANCIS, GARY K
STREET ADDRESS	191 NORTH HWY. 314A
CITY-ST-ZIP	SILVER SPRINGS, FL 34488

TITLE	VD
NAME	FRANCIS, KALVIN M
STREET ADDRESS	191 NORTH HWY. 314A
CITY-ST-ZIP	SILVER SPRINGS, FL 34488

TITLE	STD
NAME	FRANCIS, FAYE
STREET ADDRESS	191 N HWY 314 A
CITY-ST-ZIP	SILVER SPRINGS, FL 34488

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Gary K Francis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07
Date

352 625 9510
Daytime Phone #