
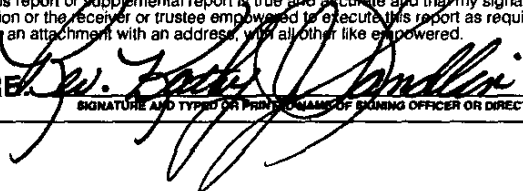


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90065 044 \*\*\*\*61.25

<b>DOCUMENT # N02000003289</b>					
1. Entity Name <b>HEALING CENTER OF LIGHT UNIVERSAL CHURCH OF THE MASTER CHARTER #805, INC.</b>					
Principal Place of Business <b>4390 MAPLE ST. NE ST PETERSBURG, FL 33703-5144</b>			Mailing Address <b>PO BOX 56654 SAINT PETERSBURG, FL 33732-6654</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>01-0587848</b>	
				Applied For - <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SANDLIN, KATHY</b> <b>8424 FOURTH STREET N</b> <b>SUITE P</b> <b>ST. PETERSBURG, FL 33702</b>  <b>NEW ADDRESS: 4390 Maple Street, NE</b> <b>ST. PETERSBURG, FL 33703</b> <b>CHANGE OF ADDRESS</b>			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 			Rev. Kathy J. Sandlin President 3/17/04 DATE		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDLIN, KATHY		NAME	4390 Maple Street, NE	
STREET ADDRESS	8424 FOURTH STREET N #P		STREET ADDRESS	St. Petersburg, FL 33703	
CITY - ST - ZIP	ST. PETERSBURG, FL 33702		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, MARY J		NAME	4390 Maple Street, NE	
STREET ADDRESS	8424 FOURTH STREET N #P		STREET ADDRESS	St. Petersburg, FL 33703	
CITY - ST - ZIP	ST. PETERSBURG, FL 33702		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	M. KIRBY WATSON		NAME		
STREET ADDRESS	201 SECOND AVENUE N #C		STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG, FL 33701		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 Block 11 if changed, or on an attachment with an address, and all other like empowered.					
SIGNATURE 			Rev. Kathy J. Sandlin 3/17/04 Date (727) 504-0894		