2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000028

Entity Name: GUIDING LIGHT MINISTRIES, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 40 EAST 19TH STREET 7029-2 COMMONWEALTH AVE JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32220 **Current Mailing Address: New Mailing Address:** P.O. BOX 2056 JACKSONVILLE, FL 32203 FEI Number: 59-3764063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NIGHTINGALE, TERRI C 40 EAST 19TH STREET JACKSONVILLE, FL 32206 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete NIGHTINGALE, JESSIE L JR NIGHTINGALE, JESSIE L JR Name: Name: 283 NATURES BOUNTY TR. Address: 7029-2 COMMONWEALTH AVE Address: City-St-Zip: SAINT MARYS, GA 31558 City-St-Zip: JACKSONVILLE, FL 32220 Title: () Delete Title: (X) Change () Addition NIGHTINGALE, TERRI C Name: NIGHTINGALE, TERRI C Name: Address: 283 NATURES BOUNTY TR. Address: 7029-2 COMMONWEALTH AVE City-St-Zip: SAINT MARYS, GA 31558 City-St-Zip: JACKSONVILLE, FL 32220 Title: () Delete Title: (X) Change () Addition HAYWOOD, NE'TIA HAYWOOD, NE'TIA Name: Name: 40 EAST 19TH STREET 7029-2 COMMONWEALTH AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32220 () Delete Title: Title: () Change () Addition Name: MCCLENTON, JANICE R Name: Address: 40 EAST 19TH STREET Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: Title: () Delete Title: **TRUS** () Change (X) Addition Name: Name: WATSON, SAMUEL 7029-2 COMMONWEALTH AVE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32220 Title: () Delete Title: () Change (X) Addition NIGHTINGALE, JESSIE L SR. Name: Name: Address: Address: 7029-2 COMMONWEALTH AVE JACKSONVILLE, FL 32220 City-St-Zip: 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: JESSIE L. NIGHTINGALE, JR. PD 04/30/2005