


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90065 026 ****61.25

DOCUMENT # N03000002018	
1. Entity Name HIS LIGHT MINISTRIES, INC.	

Principal Place of Business 8652 JEREMY DAVID CT JACKSONVILLE, FL 32244	Mailing Address 8652 JEREMY DAVID CT JACKSONVILLE, FL 32244
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2. Principal Place of Business 2586 Blackstone Ct.	3. Mailing Address 2586 Blackstone Ct.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
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Zip 32221	Country USA	Zip 32221	Country USA
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03232004 Chg-NP CR2E037 (10/03)

4. FEI Number 32-0029606	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHOAF, SUSAN 8652 JEREMY DAVID CT JACKSONVILLE, FL 32244
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7. Name and Address of New Registered Agent	
Name Shoaf, Susan	
Street Address (P.O. Box Number is Not Acceptable) 2586 Blackstone Ct.	
Jacksonville	
City	Zip Code FL 32221

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHOAF, DAVID A REV. 8652 JEREMY DAVID CT JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WILDER, JAMES A REV. 2976 OAK CREEK LN. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SHOAF, SUSAN M 8652 JEREMY DAVID CT JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WILDER, HUBERT M REV. 2405 MALLORY HILLS RD. JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WIREMAN, KENNETH DR. 5515 KINGS MONT CT. LAKELAND, FL 338133208 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Shoaf, David A. Rev. 2586 Blackstone Ct. Jacksonville, FL 32221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Shoaf, Susan M. 2586 Blackstone Ct. Jacksonville, FL 32221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: David A. Shoaf D.A. Shoaf 4-21-04 904-783-8239 or 904-859-7715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #