

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004319

FILED
Jan 04, 2006
Secretary of State

Entity Name: SPIRIT OF LIGHT EXPO, INC.

Current Principal Place of Business:

1280 MAHOGANY MILL RD 19A
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

1280 MAHOGANY MILL RD 19A
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 02-0694915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DETIENNE, MARLENE
1280 MAHOGANY MILL RD 19A
PENSACOLA, FL 325093900 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BISCHOFF, BRENDA Q
Address: 1637 N 20 AVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: KELLY, LINDSEY
Address: 1801 LLOYD ST
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: GRAYBEAL, JO
Address: 2644 SETTLERS WAY
City-St-Zip: GULF BREEZE, FL 32561

Title: D (X) Delete
Name: DETIENNE, MARLENE
Address: 1280 MAHOGANY RD 19A
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Delete
Name: KENNEDY, CYNTHIA
Address: 2654 SOUTHERN OAKS DR.
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DETIENNE, MARLENE G
Address: 1280 MAHOGANY MILL ROAD 19A
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change () Addition
Name: RIZZI, MAIA
Address: 1509 E JACKSON ST
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Change () Addition
Name: THIERAULT, MEGAN
Address: 3315 E BRAINERD
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARLENE G DETIENNE

D

01/04/2006

Electronic Signature of Signing Officer or Director

Date