

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90004 048 ****70.00

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|--|--|---|--|--|--|
| DOCUMENT # N03000007770 1. Entity Name LIGHT TO THE NATIONS FELLOWSHIP, INC. | | | | | |
| Principal Place of Business 3919 MCKINLEY AVE. FORT MYERS, FL 33901 | | | Mailing Address 3919 MCKINLEY AVE. FORT MYERS, FL 33901 | | |
| 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 56-2398868 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| URICH, DAVID A 3919 MCKINLEY AVE FORT MYERS, FL 33901 | | | -Name- Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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. | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>David A. Urich</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <i>David A. Urich</i> <small>(NOTE: Registered Agent signature required when resigning)</small> </div> <div> <i>1-16-06</i> <small>DATE</small> </div> </div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 NAME STREET ADDRESS CITY- ST- ZIP | PD URICH, JOHN D 3919 MCKINLEY AVE FORT MYERS, FL 33901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D HARMON, JAMES R 1323 MORNINGSIDE DR FORT MYERS, FL 33901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | STD JOSEPH, JOHN 7650 GIBRALTER COURT NORTH SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VD BARRY, MARK S 2300 62ND AVENUE NORTH HOMOSASSA, FL 344482618 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D ZELLERS, TIMOTHY 403 NEAPOLITAN WAY NAPES, FL 34103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D Zellers, Timothy 2400 Tarpon Road Naples, FL 34102</i> | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D Urich, David A. 3919 McKinley Ave Fort Myers, FL 33901</i> | | |
| 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: <i>David A. Urich</i> | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <i>1-16-06</i> Daytime Phone # <i>(239) 850-2413</i> | |