


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2398868	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent URICH, DAVID A 3919 MCKINLEY AVE FORT MYERS, FL 33901
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URICH, JOHN D 3919 MCKINLEY AVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, JAMES R 1323 MORNINGSIDE DR FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOSEPH, JOHN 7650 GIBRALTER COURT NORTH SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELLERS, TIMOTHY 403 NEOPOLITAN WAY NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAC URICH, DAVID A 3919 MCKINLEY AVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/20/08-80029-007 70.00

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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: David A. Urich 3/3/08 (239) 939-8064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #