


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90020 010 ****61.25

DOCUMENT # N04000000062	
1. Entity Name LIGHT OF THE GLADES CHURCH, INC.	

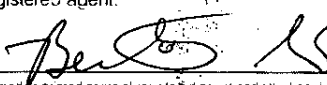
Principal Place of Business 8754 RIVER HOMES LANE 307 BONITA SPRINGS FL 33135	Mailing Address PO BOX 1038 ESTERO FL 33928
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2. Principal Place of Business - No P.O. Box # 18193 Horseshoe	3. Mailing Address Bay Circle
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33967	Country USA

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent GRAEBNER, STEVEN 8754 RIVER HOMES LANE #307 BONITA SPRINGS FL 33135	
7. Name and Address of New Registered Agent Name Berton Guest Street Address (P.O. Box Number is Not Acceptable) 18193 Horseshoe Bay Circle City Fort Myers FL Zip Code 33967	

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 	DATE Apr. 7 25, 2008

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAEBNER, STEVEN 8754 RIVER HOMES LANE # 307 BONITA SPRINGS FL 34135 <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 GUEST, BERT 18193 HORSESHOE BAY CIRCLE FORT MYERS FL 33912 <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 GUEST, DIANA 18193 HORSESHOE BAY CIRCLE FORT MYERS FL 33912 <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	C RADDATZ, MICHAEL 17401 STERLING LAKES DRIVE FORT MYERS FL 33912 <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	<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	<input type="checkbox"/> Delete	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 exemptions contained in Section 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: 	DATE: Apr. 7 25, 2008
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