2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000062

FILED Apr 24, 2009 Secretary of State

Entity Name: LIGHT OF THE GLADES CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 18193 HORSEHOE 16520 S TAMIAMI TRAIL **BAY CIRCLE** C/A ISLAND PARK BRIDGE CLUB FORT MYERS, FL 33967 FORT MYERS, FL 33908 **Current Mailing Address:** New Mailing Address: PO BOX 1038 PO BOX 1038 ESTERO, FL 33928 ESTERO, FL 33929 FEI Number: 20-0574059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERTON, GUEST LENDH, GEORGE A 18193 HÓRSE SHOE BAY CIRCLE 14093 BENTLY CIRCLE FORT MYERS, FL 33967 FORT MYERS, FL 33912 US 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: GEORGE A. LENDH 04/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GRAEBNER, STEVEN Name: Name: 8754 RIVER HOMES LANE # 307 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: GUEST, BERT Name: LENDH, GEORGE A Address: 18193 HORSESHOE BAY CIRCLE Address: 14093 BENTLY CIRCLE City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912 Title: () Delete Title: () Change () Addition GUEST, DIANA Name: Name: 18193 HORSESHOE BAY CIRCLE Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: (X) Change () Addition RADDATZ, MICHEAL Name: Name: TSCHISHIK, HERB 17401 STERLING LAKES DRIVE 19550 WATERS WAY Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE A. LENDH **PRES** 04/24/2009