

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004901

FILED  
Feb 06, 2006  
Secretary of State

Entity Name: JESUS IS THE LIGHT MINISTRIES, INC.

**Current Principal Place of Business:**

PO BOX 1467  
NEW PORT RICHEY, FL 34656

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1467  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

FEI Number: 75-3189027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAW, BRIAN D  
7935 SUNRUNNER DRIVE  
NEW PORT RICHEY, FL 34653 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: P ( ) Delete  
Name: SHAW, BRIAN D  
Address: PO BOX 1467  
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: D ( ) Delete  
Name: LANDIS, RAYMOND J  
Address: PO BOX 781110  
City-St-Zip: SEBASTIAN, FL 32978

Title: D ( ) Delete  
Name: ALBRITTON, BUFORD L  
Address: 1125 HIGH STREET  
City-St-Zip: COLUMBIA, TN 38401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S/T (X) Change ( ) Addition  
Name: SHAW, DEBORAH L  
Address: PO BOX 1467  
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: D (X) Change ( ) Addition  
Name: LANDIS, RAYMOND J  
Address: PO BOX 311  
City-St-Zip: SAINT ALBANS, VT 05478

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: BRIAN D. SHAW

P

02/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date