2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010744

FILED Jan 06, 2006 Secretary of State

Entity Name: LIGHT EVANGELISM MINISTRY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1016 DEASON ST PENSACOLA, FL 32505 **Current Mailing Address: New Mailing Address:** 1016 DEASON ST PENSACOLA, FL 32505 FEI Number: 20-3553497 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: FREEMAN, REBECCA L 1016 DEASON ST PENSACOLA, FL 32505 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DAHN, NEH-KEWON M Name: Name: 1016 DEASON ST Address: Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: () Delete Title: () Change () Addition DAHN, EUNICE N Name: Name: Address: 1016 DEASON ST Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: () Delete Title: () Change () Addition FREEMAN, REBECCA Name: Name: 2611 GRAINGER AVE Address: Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: Title: () Delete Title: () Change () Addition GLOVER, SR., CHARLES E DR Name: Name: 412 WEST WRIGHT ST Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: () Delete Title: () Change () Addition FINLEY, GARVIN W DR Name: Name: 5109 HIGH POINT DR Address: Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: REBECCA FREEMAN S 01/06/2006

FRANKLIN, EUGENE

PENSACOLA, FL 32526

5553 SHADOW GROVE BLVD

Name:

Address:

City-St-Zip: