2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010744

Entity Name: LIGHT EVANGELISM MINISTRY, INC.

FILED Apr 07, 2009 Secretary of State

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 P.O. BOX 4427

PENSACOLA, FL 32505 PENSACOLA, FL 32507

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 FINLEY, GAVIN W DR. 1016 DEASON ST. 1016 DEASON ST.

PENSACOLA, FL 32505 US 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: GAVIN W. FINLEY, MD 04/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: REV. (X) Change () Addition Name: DAHN, NEH-KEWON M Name: DAHN, G. NEH-KEWON M

 Address:
 1016 DEASON ST
 Address:
 1016 DEASON ST

 City-St-Zip:
 PENSACOLA, FL 32505
 City-St-Zip:
 PENSACOLA, FL 32505

Title: V () Delete Title: DIR (X) Change () Addition Name: DAHN, EUNICE N Name: KOSTOFF, MICHAEL G

Name: DAHN, EUNICE N Name: KOSTOFF, MICHAEL G
Address: 1016 DEASON ST Address: SILVERHORN RD
City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: GULF BREEZE, FL 32561

Title: S () Delete Title: DIR (X) Change () Addition

 Name:
 FREEMAN, REBECCA
 Name:
 LOVE, LOUISE

 Address:
 2611 GRAINGER AVE
 Address:
 6487 SURFSIDE COVE

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:
 GULF BREEZE, FL 32563

Title: D () Delete Title: DIR. (X) Change () Addition

 Name:
 GLOVER, SR., CHARLES E DR
 Name:
 FREEMAN, REBECCA L.

 Address:
 412 WEST WRIGHT ST
 Address:
 8100 W HWY. 98 #502

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:
 PENSACOLA, FL 32506

Title: D () Delete Title: DR. (X) Change () Addition

 Name:
 FINLEY, GARVIN W DR
 Name:
 FINLEY, GAVIN W

 Address:
 5109 HIGH POINT DR
 Address:
 5109 HIGH POINT DR

 City-St-Zip:
 PENSACOLA, FL 32505
 City-St-Zip:
 PENSACOLA, FL 32505

Title: D () Delete Title: DIR. (X) Change () Addition Name: FRANKLIN, EUGENE FRANKLIN, EUGENE

Address: 5553 SHADOW GROVE BLVD
City-St-Zip: PENSACOLA, FL 32526

Address: 5553 SHADOW GROVE BLVD
City-St-Zip: PENSACOLA, FL 32526

PENSACOLA, FL 32526

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: G. NEH-KEWON MARK DAHN REV 04/07/2009

Electronic Signature of Signing Officer or Director

Date