## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000012224

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Entity Name: CANDLELIGHT MINISTRIES, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 1641 THIRD STREET DAYTONA BEACH, FL 32117 **Current Mailing Address: New Mailing Address:** PO BOX 11012 DAYTONA BEACH, FL 32120 FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAWKINS, ABBIE 1641 THIRD STREET DAYTONA BEACH, FL 32117 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: () Delete () Change () Addition WHITTY, HEZEKIAH Name: Name: 1324 CONTINENTAL DRIVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: MADDOX, CHARLIE SR. Name: Address: 1034 BERKSHIRE DRIVE Address: City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: Title: () Delete Title: () Change () Addition SINGLETON, CALVIS Name: Name: 551 MARY MCLEOD BETHUNE BLVD Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: () Change () Addition Name: STATEN, HORACE Name: 964 REDWOOD STREET Address: Address: City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: Title: () Delete Title: () Change () Addition O'NEAL, JOHN Name: Name: 116 OAKWOOD DRIVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: Title: () Delete Title: () Change () Addition WALKER, WILLIAM Name: Name: Address: 1065 IMPERIAL DRIVE Address: DAYTONA BEACH, FL 32117 City-St-Zip: City-St-Zip:

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: ABBIE HAWKINS RA 05/24/2007

FILED May 24, 2007

Secretary of State