

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008667

FILED
Aug 21, 2009
Secretary of State

Entity Name: L.I.G.H.T.N.I.N.G. YOUTH MINISTRIES INC.

Current Principal Place of Business:

9624 U.S. HWY. 301
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

9624 U.S. HWY. 301
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 64-0957898 FEI Number Applied For () FEI Number Not Applicable () 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:

FINOCCHI, JEROME J.
9624 U.S. HWY. 301
DADE CITY, FL 33525 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:

Title: P () Delete
Name: FINOCCHI, JEROME J.
Address: 9624 U.S. HWY. 301
City-St-Zip: DADE CITY, FL 33525

Title: V () Delete
Name: HARRIS, ANGELA
Address: 26124 MOUNTAINVIEW BLVD.
City-St-Zip: BROOKSVILLE, FL 34602

Title: TS () Delete
Name: FINOCCHI, CHRISTINA M.
Address: 3140 MOONLIGHT ST.
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: D () Delete
Name: HUNT, PETER
Address: 39429 KEITH'S CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: SINGLETON, DAVY L
Address: 37248 CARTER AVE
City-St-Zip: DADE CITY, FL 33523

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: JEROME J FINOCCHI

P

08/21/2009

Electronic Signature of Signing Officer or Director

Date