2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000000401

Entity Name: INTO THE LIGHT MINISTRIES, INC.

Current Principal Place of Business:

954 LAKESIDE DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4005
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 20-8233250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COZART, JOHN M
954 LAKESIDE DRIVE
APOPKA, FL 32712 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: PD ( ) Delete
Name: COZART, JOHN M
Address: 954 LAKESIDE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: BARKLEY, JAMIE
Address: 645 ROB ROY DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete
Name: COZART, JOY
Address: 954 LAKESIDE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: BARKLEY, SUSAN
Address: 645 ROB ROY DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete
Name: GOLDSTEIN, MARK
Address: 1539 SOLWAY CT
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COZART, JOHN M
Address: 954 LAKESIDE DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: VPD (X) Change ( ) Addition
Name: WALKER, DAVE
Address: 1830 NEEDHAM ROAD
City-St-Zip: APOPKA, FL 32712 US

Title: STD (X) Change ( ) Addition
Name: COZART, JOY
Address: 954 LAKESIDE DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: D (X) Change ( ) Addition
Name: WALKER, CAROL
Address: 1830 NEEDHAM ROAD
City-St-Zip: APOPKA, FL 32712 US

Title: ( ) Change ( ) Addition
Name:
Address:
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: JOHN M COZART PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date