

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008087

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: LIVING LIGHT MINISTRIES, INC.

**Current Principal Place of Business:**

4052 SANTA ANA  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

4052 SANTA ANA  
NORTH PORT, FL 34286

**New Mailing Address:**

FEI Number: 36-4335498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HILDRETH, WILLIAM  
4052 SANTA ANA  
NORTH PORT, FL 34286 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: DP ( ) Delete  
Name: HILDRETH, WILLIAM C  
Address: 4052 SANTA ANA  
City-St-Zip: NORTH PORT, FL 34286

Title: DV ( ) Delete  
Name: TAMBORO, DANIEL JR  
Address: 376 BRACKEN COURT  
City-St-Zip: TROY, MI 48098

Title: DS ( ) Delete  
Name: HILDRETH, LOU ANN  
Address: 4052 SANTA ANA  
City-St-Zip: NORTH PORT, FL 34286

Title: DT ( ) Delete  
Name: LOWRIE, CHARLINA L  
Address: 3523 BILLINGHAM LN  
City-St-Zip: NORTH PORT, FL 34288

**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: ( ) 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: CHARLINA L LOWRIE

DT

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date