2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# N08000002356

Entity Name: LIGHT BEARER'S, INC.

Current Principal Place of Business:

100 BENT TREE DR. #32
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

100 BENT TREE DR. #32
DAYTONA BEACH, FL 32114

New Mailing Address:

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

THOMAS, DAVID L
100 BENT TREE DR. #32
DAYTONA BEACH, FL 32114 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: D ( ) Delete
Name: THOMAS, DAVID L
Address: 100 BENT TREE DR. #32
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete
Name: THOMAS, TEMPERANCE M
Address: 100 BENT TREE DR. #32
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete
Name: SMALL, WAYNE L
Address: 173 PERFECT DR.
City-St-Zip: DAYTONA BEACH, FL 32127

Title: D ( ) Delete
Name: COGGINS, PATRICK
Address: PO BOX 3492
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: BROWN, SHARON
Address: 404 SUNNY HURST PL
City-St-Zip: DELAND, FL 32763

Title: D ( ) Delete
Name: BLAKELY, ALISA
Address: 2658 GRANDE ISLE DR. #18216
City-St-Zip: ORANGE CITY, FL 32763

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:

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

Title: D (X) Change ( ) Addition
Name: PLOWDEN, TONY
Address: 5944 DORAVILLE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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: DAVID L. THOMAS D 05/13/2009
Electronic Signature of Signing Officer or Director — Date