

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004306

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** ALL LIGHT MINISTRIES US, INC.

**Current Principal Place of Business:**

2704 LAURWOOD LANE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2704 LAURWOOD LANE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 41-5861492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ULM, MICHAEL DR  
2704 LAURWOOD LANE  
TALLAHASSEE, FL 32308 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  
**Name:** ULM, MICHAEL DR  
**Address:** 2704 LAURWOOD LANE  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** VSD  
**Name:** CATES, DELL REV  
**Address:** 2704 LAURWOOD LANE  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** D  
**Name:** LAPERRIERE, ELLEN  
**Address:** 2469 TWIN DR  
**City-St-Zip:** SARASOTA, FL 34234

**Title:** T  
**Name:** BOCCALEONI, ALBERTA  
**Address:** 1925 S.E. 7TH ST  
**City-St-Zip:** LEE'S SUMMIT, MO 64063

I hereby 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 all other like empowered.

**SIGNATURE:** ELLEN LAPERRIERE

D

04/04/2012

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

\_\_\_\_\_  
Date