

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 25 AM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N17132*

1 Corporation Name

New Light Ministries, Inc.

Principal Place of Business

Mailing Address

*507 No Emory Ave.
Kissimmee, Fl. 34741*

*507 No. Emory Ave
Kissimmee, Fl. 34741*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <i>10/7/86</i>	3a. Date of Last Report <i>MAY 94</i>
4. FEI Number <i>59-2716426</i>	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Total Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent

*Harry J. Swart
1880 King Edward Dr.
Kissimmee, Fl. 34743*

10. Name and Address of New Registered Agent

01. Name	
02. Street Address (P.O. Box Number is Not Acceptable)	
03.	
04. City	FL 85 Zip Code

I, Pursuant to the provisions of Sections 617.0502 and 617.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<i>Cordill, Patricia Anne</i>
NAME	<i>507 No. Emory Ave.</i>
STREET ADDRESS	<i>Kissimmee, Fla 34741</i>
CITY - ST - ZIP	
TITLE	<i>Cordill, J. William</i>
NAME	<i>507 No. Emory Ave.</i>
STREET ADDRESS	<i>Kissimmee, Fl. 34741</i>
CITY - ST - ZIP	
TITLE	<i>Robbins, Jeris</i>
NAME	<i>507 No. Emory Ave.</i>
STREET ADDRESS	<i>Kissimmee, Fl. 34741</i>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Anne Cordill*

Patricia Anne Cordill 5-11-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-870-8949