FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 7:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21332** **(4)**

1. Corporation Name

LIVING LIGHT MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1127 S. PATRICK DR., #9 SATELLITE BEACH FL 32937-3960	1127 S. PATRICK DR., #9 SATELLITE BEACH FL 32937-3960

3. Date Incorporated or Qualified: **06/26/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2819534** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LOIS J. DANBERT
901 S. COLONIAL CT. #A
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Lois J. Danbert April 25, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	VD ☒ Change ☐ Addition
NAME	WILLIS, WALTER M.	1.2 NAME	WILLIS, WALTER M.
STREET ADDRESS	680 MULBERRY ST.	1.3 STREET ADDRESS	680 MULBERRY ST.
CITY-ST-ZIP	SEBASTIAN FL 32938	1.4 CITY-ST-ZIP	SEBATIAN FL 32938
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DANBERT, KINBERLY A	2.2 NAME	
STREET ADDRESS	901 S. COLONIAL CT. #A	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	MCDOUGALL, NANCY	3.2 NAME	NOE, PATRICIA A
STREET ADDRESS	1232 YAUGHT CLUB DR	3.3 STREET ADDRESS	118 FREDDIE ST.
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	3.4 CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	DANBERT, LOIS J.	4.2 NAME	
STREET ADDRESS	901 S. COLONIAL CT. #A	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	CD ☒ Change ☐ Addition
NAME	GOODWIN, ANNETT A.	5.2 NAME	GOODWIN, ANNETTE A.
STREET ADDRESS	4325 LAKEMONT RD	5.3 STREET ADDRESS	4325 LAKEMONT RD
CITY-ST-ZIP	MELBOURNE FL 32934	5.4 CITY-ST-ZIP	MELBOURNE FL 32934
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(i), Florida Statutes. I further certify that the information indicated on this 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LOIS J. DANBERT/TREA. Lois J. Danbert 4/25/95 (407)777-9539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054120