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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N21332**

(4)

1. Corporation Name

LIVING LIGHT MINISTRIES, INC.



Principal Place of Business

Mailing Address

**1127 S. PATRICK DR., #9
SATELLITE BEACH FL 32937-3960**

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SATELLITE BEACH FL 32937-3960**

3. Date Incorporated or Qualified
06/26/1987

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **LOIS J. DANBERT, TREASURER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr 22, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE

NAME **WILLIS, WALTER M.**
STREET ADDRESS **680 MULBERRY ST.**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **D** ☐ DELETE

NAME **DANBERT, KINBERLY A**
STREET ADDRESS **901 S. COLONIAL CT. #A**
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL**

TITLE **SD** ☐ DELETE

NAME **NOE, PATRICIA A.**
STREET ADDRESS **118 FREDDIE STREET**
CITY-ST-ZIP **INDIAN HARBOUR BCH FL**

TITLE **TD** ☐ DELETE

NAME **DANBERT, LOIS J.**
STREET ADDRESS **901 S. COLONIAL CT. #A**
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE **CD** ☐ DELETE

NAME **GOODWIN, ANNETT A.**
STREET ADDRESS **4325 LAKEMONT RD**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CD

BOBBY WALTERS

141 CHICORY AVE

PALEMBAY, FL 32905

D

EVELYN WALTERS

141 CHICORY AVE

PALEMBAY, FL 32905

D

ANNETTE A GOODWIN

1307 SHENANDOAH DR

MELBOURN FL 32901

D

ANNETTE A GOODWIN

1307 SHENANDOAH DR

MELBOURN FL 32901

D

ANNETTE A GOODWIN

1307 SHENANDOAH DR

MELBOURN FL 32901

D

ANNETTE A GOODWIN

1307 SHENANDOAH DR

MELBOURN FL 32901

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(3)(k), 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, TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)