FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

LIVING LIGHT MINISTRIES, INC.

Mailing Address Principal Place of Business 1127 S. PATRICK DR., #9 1127 S. PATRICK DR., #9 SATELLITE BEACH FL 32937-3960 SATELLITE BEACH FL 32937-3960 3. Date Incorporated or Qualified 06/26/1987 2. Principal Place of Business 2a. Mailing Address Number 59-28 19534 1523 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be

23 MElbourn Trust Fund Contribution 8. This corporation has liability for intapglble tax under s. 199.032, Florida Statutes 9. Name and Address of Current Registered Agent

Yes No 10. Name and Address of New Registered Agent

FILED

May 16 1997 8:00am

Secretary of State

Applied For

Added to Fees

Not Applicable

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	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 Jais & Wanhert										
12.	Signature, typed or printed representation of registered agent and title if applic OFFICERS AND DIRECTOR:		agistered Agent elgnature	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	C INI 12				
TITLE	VD OFFICERS AND DIRECTOR	DELETE	1.1 TITLE	VD	Change	Addition				
NAME	WILLIS, WALTER M.		1.2 NAME	Willis WALTER		L. J. Addition				
	680 MULBERRY ST.			1523 14/6ERT	* - /					
STREET ADDRESS	SEBASTIAN FL		1.3 STREET ADDRESS	MEIBOURN, FL	21925	}				
CITY-ST-ZIP TITLE	h	DELETE	1.4 CITY-ST-ZIP	DELLOOURIU I TA	Channe	Addition				
	DANBERT, KINBERLY A	C) otetic		DANBERT, KIMB	ERIY A - O ONO	Li rigginori				
NAME			2.2 NAME	1523 Albert		j				
STREET ADDRESS	901 S. COLONIAL CT. #A		23 STREET ADDRESS	MEIBOURN, FL 32	2435					
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	IL DELETE			Change	Addition				
TITLE	-80-	PAPETER	3.1 TITLE		□ cuange	ווסטונסטא נבבן				
NAME	NOE, PATRICIA A		3.2 NAME							
STREET ADDRESS	118 FREDDIE STREET		3.3 STREET ADDRESS							
CITY-ST-ZIP	INDIAN HARBOUR BCH FL		3.4. CITY-ST-ZIP							
TITLE	TD	☐ DELETE	4.1 TITLE		Change	Addition				
NAME	DANBERT, LOIS J.		4. 2 NAME	SAME						
STREET ADDRESS	901 S. COLONIAL CT. #A		4.3 STREET ADDRESS							
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937		4.4 CITY-ST-ZIP							
TITLE	D-	DELETE	5.1 TITLE 🔎	EVELYN WAITER	S Change	Addition				
NAME	-GOODWIN, ANNETT A.		5.2 NAME	141 Chicory AVE. PALM 13AY, FL32						
STREET ADDRESS	~ 1307-SHENANDOAH DR		5.3 STREET ADDRESS	PAlm BAY, FL32	905					
CITY - ST - ZIP	MELBOURNE FL 32901		5.4 CITY-ST-ZIP							
TITLE	CD	DELETE	6.1 TITLE		Change	Addition				
NAME	WALTERS, BOBBY		6.2 NAME	SAME						
STREET ADDRESS	141 CHICORY AVE.		6.3 STREET ADDRESS	J411/E		Į.				
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14. I do hereby certify that the information supplied with this filing 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.