

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N36482

(0)

1. Corporation Name

ARMOR OF LIGHT MINISTRIES, INC.



Principal Place of Business

Mailing Address

4331 AROR WAY
1551 FORUM PLACE, STE. 2000
PALM BEACH GARDENS FL 33410-5905
US

ARMOR OF LIGHT MINISTRIES
P O BOX 12901
LAKE PARK FL 33403-2901
US

3. Date Incorporated or Qualified

01/31/1990

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 4331 ARBOR WAY

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 there should be nothing here

27

City & State

City & State

23 PALM BEACH GARDENS FL

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0186427

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIBULA, FRANK G., JR.
1551 FORUM PLACE
SUITE 200D
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and his or her address

(If 801b: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVT
MURRAY, EVELYN M.
4331 ARBOR WAY
PALM BCH. GARDENS FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MURRAY, DONALD E.
4331 ARBOR WAY
PALM BCH. GARDENS FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
ROSE, EVA M
1501 CRESCENT CIRCLE
LAKE PARK FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change

☐ Addition

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)(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:

Evelyn M. Murray Evelyn M. murray

2/1/96

(407) 627-1553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)