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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36482** (0)

1. Corporation Name

ARMOR OF LIGHT MINISTRIES, INC.

Principal Place of Business

Mailing Address

**4331 ARBOR WAY
PALM BEACH GARDENS FL 33410-5905
US**

**ARMOR OF LIGHT MINISTRIES
P O BOX 12901
LAKE PARK FL 33403-0901
US**

3. Date Incorporated or Qualified
01/31/1990

3a. Date of Last Report
02/07/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **DVT** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **MURRAY, EVELYN M.**

1.2 NAME

STREET ADDRESS **4331 ARBOR WAY**

1.3 STREET ADDRESS

CITY-ST-ZIP **PALM BCH. GARDENS FL**

1.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **MURRAY, DONALD E.**

2.2 NAME

STREET ADDRESS **4331 ARBOR WAY**

2.3 STREET ADDRESS

CITY-ST-ZIP **PALM BCH. GARDENS FL**

2.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **ROSE, EVA M**

3.2 NAME

STREET ADDRESS **1501 CRESCENT CIRCLE**

3.3 STREET ADDRESS

CITY-ST-ZIP **LAKE PARK FL**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

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 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:

Evelyn M. Murray **Evelyn M. Murray**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97
Date

561-627-1553
Daytime Phone # 0039896

CR2E037 (9/96)