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 MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48414

1. Corporation Name
GOSPEL LIGHT MINISTRIES, INC.

Principal Place of Business	Mailing Address
5400 COLLINS RD #153 JACKSONVILLE, FL 32244	P.O. BOX 14698 JACKSONVILLE FL 32238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: APRIL 13, 1992
3a. Date of Last Report:
4. FEI Number: 59-3118580 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21 5400 Collins Rd.	26 P.O. Box 14698	
Suite, Apt. #, etc. 22 #153	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Jacksonville, FL	City & State 28 JACKSONVILLE, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 32244	Zip 29 32238	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
County 25 DUVAL	County 30 DUVAL	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MARK A. DUFFY
5400 Collins Rd #153
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent

81 Name: MARK A. DUFFY
82 Street Address (P.O. Box Number is Not Acceptable): 5400 Collins Rd #153
83
84 City: JACKSONVILLE FL 85 Zip Code: 32244

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: Mark A. Duffy — MARK A. DUFFY — 4/24/95
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN Robert L. Adams 5353 ARLINGTON EXPY #6-B JACKSONVILLE, FL. 32211	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-CHAIRMAN MARK A. DUFFY 5400 Collins Rd. #153 JACKSONVILLE, FL. 32244	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	100001 411951 -05/04/95--01010--003 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER JAY WEBBER P.O. Box 18273 JACKSONVILLE, FL. 32229	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		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: Mark A. Duffy — MARK A. DUFFY — 4/24/95 — (904)264-6867
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #