[redacted]

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N49625** **(9)**

1. Corporation Name
THE SOUND OF LIGHT MINISTRIES, INC.

[redacted]

Principal Place of Business	Mailing Address
P.O. BOX 1193 DAVENPORT FL 33837	P.O. BOX 1193 DAVENPORT FL 33836-1193

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) 33836 Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) 33836 Country (30)

4. FEI Number: 59-3132798 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Treasurer's Designation ☐ **$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

MIXON, NATHAN EDWIN
108 CHARLES AVENUE
DAVENPORT FL 33837

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 33836

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 its 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
Typed or printed name of individual or registered agent and title if applicable (NOTE: Registered Agent signature required when amending) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (in 12)		
01 TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MIXON, NATHAN EDWIN		1.2 NAME		
STREET ADDRESS	108 CHARLES AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		1.4 CITY-ST-ZIP		
02 TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MIXON, GENEVA A.		2.2 NAME		
STREET ADDRESS	108 CHARLES AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		2.4 CITY-ST-ZIP		
03 TITLE	STD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GREENLEE, LINDA KAY		3.2 NAME		
STREET ADDRESS	628 ROYALTY CT.		3.3 STREET ADDRESS	108 Charles Av.	
CITY-ST-ZIP	POINCIANA FL		3.4 CITY-ST-ZIP	Davenport, FL	
04 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		
05 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		
06 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		

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14. I 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: Nathan E. Mixon / Nathan E. Mixon 01-03-97 (941) 422-5178
Nathan E Mixon / NATHAN E. Mixon 04-03-97