

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49625

FILED
Feb 08, 2005
Secretary of State

Entity Name: THE SOUND OF LIGHT MINISTRIES, INC.

Current Principal Place of Business:

38030 HIGHWAY 27
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

PO BOX 1193
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-3132798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MIXON, NATHAN EDWIN
108 CHARLES AVENUE
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIXON, NATHAN E
Address: 108 CHARLES AVENUE
City-St-Zip: DAVENPORT, FL

Title: VD () Delete
Name: MIXON, GENEVA A
Address: 108 CHARLES AVE.
City-St-Zip: DAVENPORT, FL

Title: STD () Delete
Name: WHITEHEAD, VICKY L
Address: 2885 POWER LINE ROAD
City-St-Zip: HAINES CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN E MIXON

PD

02/08/2005

Electronic Signature of Signing Officer or Director

Date