

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49625

FILED  
Mar 22, 2009  
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:**

2885 POWER LINE ROAD  
HAINES CITY, FL 33844

**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 ( )**

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

Title: TREA ( ) Delete  
Name: HANSEN, RICHARD  
Address: 107 CHARLES AVENUE  
City-St-Zip: DAVENPORT, 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

03/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date