

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49625

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** THE SOUND OF LIGHT MINISTRIES, INC.

**Current Principal Place of Business:**

2885 POWER LINE ROAD  
HAINES CITY, FL 33844

**New Principal Place of Business:**

108 CHARLES AV  
DAVENPORT, FL 33837

**Current Mailing Address:**

PO BOX 1193  
DAVENPORT, FL 33836

**New Mailing Address:**

108 CHARLES AV  
DAVENPORT, FL 33837

**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  
**Name:** MIXON, NATHAN E  
**Address:** 108 CHARLES AVENUE  
**City-St-Zip:** DAVENPORT, FL 33837

**Title:** VD/T  
**Name:** MIXON, GENEVA A  
**Address:** 108 CHARLES AVE.  
**City-St-Zip:** DAVENPORT, FL 33837

**Title:** SEC  
**Name:** LEEWORTHY, ROSE  
**Address:** 218 FAWN LN  
**City-St-Zip:** DAVENPORT, FL 33837

I hereby 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 all other like empowered.

**SIGNATURE:** NATHAN E MIXON

PD

02/01/2011

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

\_\_\_\_\_  
Date