


FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N51425 (9)
1. Corporation Name
CHRISTIAN LIGHTHOME NETWORK, INC.



Principal Place of Business: 3213 HESTER DRIVE, TALLAHASSEE FL 32308
Mailing Address: P. O. BOX 13422, TALLAHASSEE FL 32317-3422 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 10/22/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3158785
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$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
ROBINSON, WILLIE J
% ROBINSON'S CHRISTIAN LIGHTHOME IN TALLAH
3213 HESTER DR
TALLAHASSEE FL 32308-3623

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 000001828020
84 City ***70.00 FL 85 Zip Code

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 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: _____ NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: MEDP NAME: ROBINSON, WILLIE J. STREET ADDRESS: P.O. BOX 13422 N/A CITY-ST-ZIP: TALLAHASSEE FL 32317-3422	<input type="checkbox"/> DELETE	1.1 TITLE: DC 1.2 NAME: Jock sang Rev. Roudy 1.3 STREET ADDRESS: 3151 Emerson Ave South 1.4 CITY-ST-ZIP: St Petersburg, FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition *
TITLE: MBV NAME: WILLIAMSON-ROBINSON, SARAH STREET ADDRESS: P.O. BOX 13422 N/A CITY-ST-ZIP: TALLAHASSEE FL 32317-3422	<input type="checkbox"/> DELETE	2.1 TITLE: DV 2.2 NAME: Wright, Conla E. 2.3 STREET ADDRESS: 569 B Oakland Ave. 2.4 CITY-ST-ZIP: Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition *
TITLE: CDA NAME: MAZON, TAMMY V. STREET ADDRESS: 8958 NAZARETH ALICE DR. CITY-ST-ZIP: TALLAHASSEE FL	<input type="checkbox"/> DELETE	3.1 TITLE: DH 3.2 NAME: Huber, Joyce 3.3 STREET ADDRESS: 3339 Hardy Road, #611 3.4 CITY-ST-ZIP: Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition *
TITLE: MDE NAME: PITTMAN, REV. GREGORY STREET ADDRESS: 3205 HESTER DR. CITY-ST-ZIP: TALLAHASSEE FL	<input type="checkbox"/> DELETE	4.1 TITLE: DH 4.2 NAME: Robinson, Edith 4.3 STREET ADDRESS: Route 7, Box 930 4.4 CITY-ST-ZIP: Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition *
TITLE: * NAME: ROBINSON, MOSES STREET ADDRESS: ROUTE 7 BOX 930 N/A CITY-ST-ZIP: TALLAHASSEE FL	<input type="checkbox"/> DELETE	5.1 TITLE: DM 5.2 NAME: Pittman, Rada W. 5.3 STREET ADDRESS: 3205 Hester Drive 5.4 CITY-ST-ZIP: Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition *
TITLE: MDPP NAME: HENDERSON, JOSEPH STREET ADDRESS: 4745 JACKSON BLUFF ROAD #168 CITY-ST-ZIP: TALLAHASSEE FL	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rev. J. M. ...* 5/1/96 (904) 545-2162

CORPORATE (12/05)

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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/22/1992	3a. Date of Last Report 05/01/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3158785	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBINSON, WILLIE J % ROBINSON'S CHRISTIAN LIGHTHOME IN TALLAH 3213 HESTER DR TALLAHASSEE FL 32308-3623				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MEDP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, WILLIE J. <i>Change Robinson, Rev. Willie J.</i>	1.2 NAME	Robinson, Rev. Willie J.
STREET ADDRESS	P.O. BOX 13422 N/A	1.3 STREET ADDRESS	P.O. Box 13422 N/A
CITY-ST-ZIP	TALLAHASSEE FL 32317-3422	1.4 CITY-ST-ZIP	Tallahassee, FL 32317-3422
TITLE	MBV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON-ROBINSON, SARAH	2.2 NAME	
STREET ADDRESS	P.O. BOX 13422 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32317-3422	2.4 CITY-ST-ZIP	
TITLE	CDA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZON, TAMMY V..	3.2 NAME	
STREET ADDRESS	8958 NAZARETH ALICE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	MDE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTMAN, REV. GREGORY	4.2 NAME	
STREET ADDRESS	3205 HESTER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MOSES	5.2 NAME	
STREET ADDRESS	ROUTE 7 BOX 930 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSE FL	5.4 CITY-ST-ZIP	
TITLE	MDPP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, JOSEPH	6.2 NAME	
STREET ADDRESS	4745 JACKSON BLUFF ROAD #168	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

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: *Rev. Willie J. Robinson* 5/1/96 (904) 545-2169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2527 (12/95)