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• cc	NONPROFIT DRPORATION NUAL REPORT 1996		FLORIDA DEPA Sandra	RTMENT B. Morth ary of Sta	OF STATE am	<del></del>		7-2	
DOCU 1. Corpora	JMENT # N51	425	(9)		···		]		
CHRI	STIAN LIGHTHOME NET	TWORK.	INC.						
		,					I JACONAL DEL ANAL MAIO ATRIA DOL	TI OMI ONON OTON ATON I	HAN BIAN BIAN BA
Principal Pla	ace of Business		Mailing Address						
3213 HEST TALLAHAS	TER DRIVE SEE FL 32308		P. O. BOX 13422 TALLAHASSEE FL 32317 US	-3422			Date Incorporated or Qualified		
2 Principal	Place of Business		1 11				10/22/1992	3a. Date of La 05/01	/1995
21			2a. Malling Address				4. FEI Number 59-3158785		Applied For
Suite, Ap 22	t. #, etc.		Sulte, Apt. #, etc.				5. Certificate of Status Desired	<b>58.</b>	75 Additional
City & Sta	ale		27 City & State						e Required
23 Z <sub>I</sub> D	Country		28	<u></u>			Election Campaign Financing     Trust Fund Contribution	□ \$5 Ad	.00 May Be ded to Faes
24	25		Zip .	30 Cou	niry		This corporation has liability for in Florida Statutes	Intangible tax under	s. 199.032,
	g. Name and Address of C	Current Re	gistered Agent				10. Name and Address of New R	egistered Agent	
ROBINS	SON, WILLIE J	•			81 Name				
% ROB	inson's Christian Lighti	HOME IN	TALLAH	- 1	82 Street	Address	s (P.O. Box Number is Not Acceptable		
3213 H	ester dr			ı	83	***	<del>- 00000182</del>		
TALLAH	HASSEE FL 32308-3623			-	84 City		-05/20/96==010 ***70.00		2.6
11. Pursuant	t to the provisions of Sections 617	7 0502 and	617 1509 Florido Stalidas	- the et a	1 .	*	**************************************	FL 85	Zip Code
or registe familiar v	ered agent, or both, in the State of with, and accept the obligations of	Florida, S	uch change was authorized	by the c	re-named c orporation's	orporation to board of	on submits this statement for the purp of directors. I hereby accept the appo	pose of changing It	s registered office
SIGNATURE							,	•	
12.	Signature, typed or printed name of registers	od Byjan a Brid bi							I
TITLE							ien minstatingi	DATE	
111.6	MEDP	RS AND DIF		13.	Addit.	<u> ديم ( ۵</u>	AT ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
NAME	MEDP ROBINSON, WILLIE J.		RECTORS		Addit.	εμε (δ   D	HADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
NAME STREET ADORESS	MEDP ROBINSON, WILLIE J. P.O. BOX 13422 N/A	AS AND DIF	RECTORS	13. 1.1 TH 1.2 NA	Addit.	5 D	HADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	MEDP ROBINSON, WILLIE J. P.O. BOX 13422 N/A TALLAHASSEE FL 32317	AS AND DIF	TECTORS  DELETE	13. 1.1 TH 1.2 NA 1.3 STE 1.4 CIT	A A A T T LE ME LEET ADDRESS Y-ST-ZIP	0 0 3 3 8t	HADDITIONS/CHANGES TO OFFI COCK Song ROV. Ro. 131 Emersing AV Roter about 11	CERS AND DIREC	TORS IN 12
NAME STREET ADORESS	MEDP ROBINSON, WILLIE J. P.O. BOX 13422 N/A TALLAHASSEE FL 32317	45 AND DIF	RECTORS	13. 1.1 TH 1.2 NA 1.3 STF 1.4 CIT 2.1 TH	A A A T LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	3 5 5 7	HADDITIONS/CHANGES TO OFFI C OCK Song Rov. Ro. 131 Emersin AV Leteraloring, FL	CERS AND DIRECT CHANGE COUNTY & SOUTH 3311/2	* PAddition CT.)
NAME STREET ADORESS CITY-ST-ZVP TITLE	MEDP ROBINSON, WILHE L P.O. BOX 13422 N/A TALLAHASSEE FL 32317 MBV WILLIAMSON-ROBINSON	45 AND DIF	TECTORS  DELETE	13. 1.1 TH 1.2 NA 1.3 STF 1.4 CIT 2.1 TH 2.2 NA	A A A T , LE ME ME EET ADDRESS Y-ST-ZIP LE ME	3 5 5 7	HADDITIONS/CHANGES TO OFFI COCK Song ROV. Ro. 15/ Emersing AV Pateusburgs FL right, Conla	CERS AND DIRECT Change (1) (1) (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	TORS IN 12
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NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MEDP ROBINSON, WILHE J. P.O. BOX 13422 N/A TALLAHASSEE FL 32317 MBV WILLIAMSON-ROBINSON P.O. BOX 13422 N/A TALLAHASSEE FL 32317 CDA	-3422 L SARAH	TECTORS  DELETE	13. 1.1 THE 1.2 NAI 1.3 STE 1.4 CIT 2.1 THE 2.2 NAI 2.3 STE	LE ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE Y-ST-ZIP	3 5 5 7	HADDITIONS/CHANGES TO OFFI C OCK Song Rov. Ro. 13/ Emersing AV Patruckurgif Vight; Conla 69 B Ookland	CERS AND DIRECT Change (1) (1) (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Addition C
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NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MEDP ROBINSON, WILHE L P.O. BOX 13422 N/A TALLAHASSEE FL 32317 MBV WILLIAMSON-ROBINSON P.O. BOX 13422 N/A TALLAHASSEE FL 32317 CDA MAZION, TAMMY V 8958 NAZARETH ALICE I	7-3422 1, SARAH	DELETE	13. 1.1 TII 1.2 NA 1.3 STF 1.4 CIT 2.1 TIII 2.2 NA 2.3 STF 2.4 CIT 3.1 TIII 3.2 NAA 3.3 STR	ME M	DO 3 STOWS TO 173	HADDITIONS/CHANGES TO OFFI C OCK Song Rov. Rov. 13/ Emersing AV Patrichurgitz right; Conla 69 B Ookland allahossous, IL +Ubon, Joyc. 339 Hondy Rov.	CERS AND DIRECTOR Change SOUTH BOTH Change C	Z Addition C
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## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # N51425

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CHRISTIAN	LIGHTHOME NETWORK.	INC.
CHRISTIAN	FIGHTHOME REPRODUC	1110.

Principal Place	of Business	Mailing Address				
3213 HESTER		P. O. BOX 13422				
TALLAHASSEE		TALLAHASSEE FL 323	317-3422			
		US	•	3. Date Incorporated or Qualified 10/22/1992	3a. Date of Last 05/01/1	
Principal Pla	ace of Business	2a, Mailing Address		4. FEI Number 59-3158785	———	Applied For Not Applicable
Suite, Apt. (	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State		City & State		6. Election Campaign Financing		O May Be
3	*	28		Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in		199.032,
4	25	29	30		Yes XNo	
	9. Name and Address of Current	Registered Agent	[A4] N	10. Name and Address of New Re	gistered Agent	
	•		81 Name			
ROBINS	ON, WILLIE J		82 Street Add	Iress (P.O. Box Number is Not Acceptable	θ)	
% ROBIN	NSON'S CHRISTIAN LIGHTHOME	IN TALLAH	83			
	STER DR		63			
TALLAH	ASSEE FL 32308-3623		84 City		Fi 85 Zi	p Code
<del></del>	10.00		des the shorp named serve	reation submits this statement for the cultr		registered offi
11. Pursuant t or register	to the provisions of Sections 617.0502 rart agent, or both, in the State of Florid	ano 617.1506, Fiorida Stati ia. Such change was author	dies, the above-hamed corporation's boa	pration submits this statement for the purpard of directors. I hereby accept the appo	intment as registered	i agent, I am
lamiliar wi	ith, and accept the obligations of, Section	on 617.0503, Florida Statute	<b>6</b> S.			
			POTC D. La. Adams de la company	and the accelerated as the second	DATE	
SIGNATURE .	Signature, typed or printed name of registered agent		NOTE: Registered Agent signature requir		DATE CERS AND DIRECTS	ORS IN 12
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