

**FILE NOW: FILING FEE IS \$61.25**

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1996</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Moriham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

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



|  |  |
|--|--|
| Principal Place of Business<br><b>3213 HESTER DRIVE<br/>TALLAHASSEE FL 32308</b> | Mailing Address<br><b>P. O. BOX 13422<br/>TALLAHASSEE FL 32317-3422<br/>US</b> |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>10/22/1992</b>  | 3a. Date of Last Report<br><b>05/01/1995</b>           |
| 4. FEI Number<br><b>59-3158785</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

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**  
**-05/20/96--01015--001**  
 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 reinstating)

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONAL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>MDP<br/>ROBINSON, WILLIE J<br/>P.O. BOX 13422 N/A<br/>TALLAHASSEE FL 32317-3422</del>         | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   | <del>DC<br/>Jock sang ROV. Roudy<br/>3151 Emerson Ave South<br/>St Petersburg, FL 33712</del> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>MBV<br/>WILLIAMSON-ROBINSON, SARAH<br/>P.O. BOX 13422 N/A<br/>TALLAHASSEE FL 32317-3422</del> | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   | <del>DV<br/>Wright, Conla E.<br/>569 B Oakland Ave.<br/>Tallahassee, FL 32301</del>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>GDA<br/>MAZION, TAMMY V.<br/>8958 NAZARETH ALICE DR.<br/>TALLAHASSEE FL</del>                 | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   | <del>DH<br/>Hubon, Joyce<br/>3339 Hardy Road, #611<br/>Tampa, FL 33618</del>                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>MDE<br/>PITTMAN, REV. GREGORY<br/>3205 HESTER DR.<br/>TALLAHASSEE FL</del>                    | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP   | <del>DH<br/>Robinson, Edith<br/>Route 7, Box 930<br/>Tallahassee, FL 32308</del>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>R<br/>ROBINSON, MOSES<br/>ROUTE 7 BOX 930 N/A<br/>TALLAHASSEE FL</del>                        | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   | <del>DM<br/>Pittman, Rada W.<br/>3205 Hester Drive<br/>Tallahassee, FL 32308</del>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>MDPP<br/>HENDERSON, JOSEPH<br/>4745 JACKSON BLUFF ROAD #168<br/>TALLAHASSEE FL</del>          | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   | <del></del>   |

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONAL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>MDP<br/>ROBINSON, WILLIE J<br/>P.O. BOX 13422 N/A<br/>TALLAHASSEE FL 32317-3422</del>         | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   | <del>DC<br/>Jock sang ROV. Roudy<br/>3151 Emerson Ave South<br/>St Petersburg, FL 33712</del> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>MBV<br/>WILLIAMSON-ROBINSON, SARAH<br/>P.O. BOX 13422 N/A<br/>TALLAHASSEE FL 32317-3422</del> | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   | <del>DV<br/>Wright, Conla E.<br/>569 B Oakland Ave.<br/>Tallahassee, FL 32301</del>           |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>MDE<br/>PITTMAN, REV. GREGORY<br/>3205 HESTER DR.<br/>TALLAHASSEE FL</del>                    | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP   | <del>DH<br/>Robinson, Edith<br/>Route 7, Box 930<br/>Tallahassee, FL 32308</del>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>R<br/>ROBINSON, MOSES<br/>ROUTE 7 BOX 930 N/A<br/>TALLAHASSEE FL</del>                        | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   | <del>DM<br/>Pittman, Rada W.<br/>3205 Hester Drive<br/>Tallahassee, FL 32308</del>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>MDPP<br/>HENDERSON, JOSEPH<br/>4745 JACKSON BLUFF ROAD #168<br/>TALLAHASSEE FL</del>          | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   | <del></del>   |


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. Gregory Pittman* 5/1/96 (904) 545-2162  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR0907 (12/95)

**FILE NOW: FILING FEE IS \$61.25**

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|   |   |  |
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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1996</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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**DOCUMENT # N51425 (9)**  
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**CHRISTIAN LIGHTHOME NETWORK, INC.**



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|--|---|
| Principal Place of Business<br>3213 HESTER DRIVE<br>TALLAHASSEE FL 32308 | Mailing Address<br>P. O. BOX 13422<br>TALLAHASSEE FL 32317-3422<br>US |
|--|---|

|   |                        |   |  |
|---|------------------------|---|--|
| 2. Principal Place of Business                  | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br><b>10/22/1992</b>                          | 3a. Date of Last Report<br><b>05/01/1995</b>           |
| 21  | 26                     | 4. FEI Number<br><b>59-3158785</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 22 Suite, Apt. #, etc.                          | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/>            | <b>\$8.75</b> Additional Fee Required                  |
| 23 City & State                                 | 28 City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                     |
| 24 Zip  | 25 Country             | 29 Zip  | 30 Country   |
| 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 | 85 Zip Code |
|         |   |    | FL      |             |

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<br>ROBINSON, WILLIE J. <i>Change</i> <input type="checkbox"/> DELETE<br><i>Robinson, Rev. Willie J.</i> | 1.1 TITLE   | MEDP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROBINSON, WILLIE J.  | 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 <input type="checkbox"/> DELETE  | 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 <input type="checkbox"/> DELETE  | 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 <input type="checkbox"/> DELETE  | 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 <input type="checkbox"/> DELETE  | 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                | TALLAHASSEE FL   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | MDPP <input type="checkbox"/> DELETE   | 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

CR2037 (12/95)