

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N51425*

1. Corporation Name
CHRISTIAN LIGHTHOUSE NETWORK, INC.

Principal Place of Business <i>1800 Capital Circle, N.E. Tallahassee, FL 32308</i>	Mailing Address <i>P.O. Box 13422 Tallahassee, FL 32317-3422</i>
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2. Principal Place of Business 21 <i>1800 Capital Circle N.E.</i>	2a. Mailing Address 26 <i>1800 Capital Circle, N.E.</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <i>Tallahassee, FL</i>	City & State 28 <i>Tallahassee, FL</i>
Zip 24 <i>32308</i>	Country 25 <i>U.S.A.</i>
Country 29 <i>U.S.A.</i>	Zip 30 <i>32308</i>

3. Date Incorporated or Qualified <i>10/22/1992</i>	3a. Date of Last Report <i>05/01/96</i>
4. FEI Number <i>59-3158785</i>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
B. 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			
				81 Name <i>Robinson, Willie J. (Rev.)</i>			
				82 Street Address (P.O. Box Number is Not Acceptable) <i>% Robinson's Christian Lighthouse in Tallahassee</i>			
				83 <i>1800 Capital Circle, N.E.</i>			
				84 City <i>Tallahassee</i>	85 FL	Zip Code <i>32308</i>	

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) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<i>MEOP</i>	<input type="checkbox"/> DELETE		1.1 TITLE	<i>MEOP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Robinson, Willie J.</i>			1.2 NAME	<i>Robinson, Rev. Willie J.</i>		
STREET ADDRESS	<i>P.O. Box 13422 N/A</i>			1.3 STREET ADDRESS	<i>P.O. Box 13422 N/A</i>		
CITY-ST-ZIP	<i>Tallahassee, FL 32317-3422</i>			1.4 CITY-ST-ZIP	<i>Tallahassee, FL 32317-3422</i>		
TITLE	<i>JC</i>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Jackson, Randy Rev.</i>			2.2 NAME			
STREET ADDRESS	<i>3151 Emerson Ave., South</i>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<i>St. Petersburg, FL 33712</i>			2.4 CITY-ST-ZIP			
TITLE	<i>DV</i>	<input type="checkbox"/> DELETE		3.1 TITLE	<i>DV</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Wright, Corla E.</i>			3.2 NAME	<i>Wright, Corla E.</i>		
STREET ADDRESS	<i>569 B Oakland Ave.</i>			3.3 STREET ADDRESS	<i>569 B Oakland Ave.</i>		
CITY-ST-ZIP	<i>Tallahassee, FL 32301</i>			3.4 CITY-ST-ZIP	<i>Tallahassee, FL 32301</i>		
TITLE	<i>MDPP</i>	<input type="checkbox"/> DELETE		4.1 TITLE	<i>MDPP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Henderson, Joseph</i>			4.2 NAME	<i>Henderson, Rev. Joseph</i>		
STREET ADDRESS	<i>4745 Jackson Bluff Rd., #168</i>			4.3 STREET ADDRESS	<i>870 Violet Street</i>		
CITY-ST-ZIP	<i>Tallahassee, FL</i>			4.4 CITY-ST-ZIP	<i>Tallahassee, FL 32308</i>		
TITLE	<i>DH</i>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Robinson, Edith</i>			5.2 NAME			
STREET ADDRESS	<i>Route 7, Box 930 N/A</i>			5.3 STREET ADDRESS	<i>600002198796</i>		
CITY-ST-ZIP	<i>Tallahassee, FL 32308</i>			5.4 CITY-ST-ZIP	<i>-06/03/97--01003--023</i>		
TITLE	<i>MBV</i>	<input type="checkbox"/> DELETE		6.1 TITLE	<i>MBV</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Williamson-Robinson, Sarah</i>			6.2 NAME	<i>Williamson-Robinson, Sarah</i>		
STREET ADDRESS	<i>P.O. Box 13422 N/A</i>			6.3 STREET ADDRESS	<i>6631 Tim Tam Trail</i>		
CITY-ST-ZIP	<i>Tallahassee, FL 32317-3422</i>			6.4 CITY-ST-ZIP	<i>Tallahassee, FL 32308</i>		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 5/1/97 (904) 545-2162
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REV. WILLIE J. ROBINSON, MEOP

CR2E037 (9/96)

N51425

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *NS1425*

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8. 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

81 Name <i>Robinson, Willie J. (Rev.)</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>90 Robinson's Christian Light Home in Tallahassee</i>
83 <i>1800 Capital Circle, N.E.</i>
84 City <i>Tallahassee</i>
85 Zip Code <i>32308</i>

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) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	<i>DM</i>	<input type="checkbox"/> DELETE
NAME	<i>Pittman, Reda W</i>	
STREET ADDRESS	<i>3205 Hester Drive</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32308</i>	
TITLE	<i>CDA</i>	<input type="checkbox"/> DELETE
NAME	<i>MAZION, Tammy V</i>	
STREET ADDRESS	<i>8958 Nazareth Alice Drive</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32308</i>	
TITLE	<i>MDE</i>	<input type="checkbox"/> DELETE
NAME	<i>Pittman, Rev. Gregory</i>	
STREET ADDRESS	<i>3205 Hester Drive</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32308</i>	
TITLE	<i>T</i>	<input type="checkbox"/> DELETE
NAME	<i>Robinson, Moses</i>	
STREET ADDRESS	<i>Route 7, Box 930 N/A</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32308</i>	
TITLE	<i>DH</i>	<input type="checkbox"/> DELETE
NAME	<i>Haber, Joyce</i>	
STREET ADDRESS	<i>3339 Hardy Road, #611</i>	
CITY-ST-ZIP	<i>Tampa, FL 33618</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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SIGNATURE: *Rev. Willie J. Robinson* Date: *5/1/97* (904) 545-2162
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
Rev. Willie J. Robinson, MEDP

CR2E037 (9/96)