


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N51425 1. Entity Name CHRISTIAN LIGHTHOME NETWORK, INC.	
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FILED

04 AUG 31 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13990 HARLEY ROBINSON COURT TALLAHASSEE, FL 32309	Mailing Address P.O. BOX 13422 TALLAHASSEE, FL 32317-3422
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08302004	Chg-NP	CR2E037 (10/03)
4. FEI Number 59-3158785	Applied For	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBINSON, WILLIE J REV 13990 HARLEY ROBINSON COURT TALLAHASSEE, FL 32308-9561	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ROBINSON, WILLIE J REV P.O. BOX 13422/ 13990 HARLEY ROBINSON CT. TALLAHASSEE, FL 323173422 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 500040825125 09/03/04--01071--001 **70.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTDE JACKSON, RANDY REV 4192 53RD AVE. SOUTH ST PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBINSON, MOSES L BRO. 13990 HARLEY ROBINSON COURT TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, PATRICIA A SIS PO BOX 182/ 202 HAYWARD-DUPONT ROAD MIDWAY, FL 32343 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-size: 1.5em; font-family: cursive;"> 8/31 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMHS TROUT, MARYANN SIS 227 WELDON CIRCLE QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAAP HENDERSON, JOSEPH W REV 870 VIOLET STREET TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em; font-family: cursive;"> See Attached For Additional Officers </div>

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Willie J. Robinson* (Rev. Willie J. Robinson) 8/31/04 (850) 531-0737
570-9335

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Christian LightHome Network, Inc.

DIRECTOR (Press & Transportation)

ROBINSON, KELTON E. (BRO.)
6799 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309

DIRECTOR (At Large)

ROBINSON, EDITH M. (SIS.)
13990 HARLEY ROBINSON COURT
TALLAHASSEE, FL 32309

DIRECTOR (Media & Music)

ROBINSON, ANTON M. (BRO)
6799 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309

DIRECTOR (Youth Advisor)

HAYNES, JACQUELYN A. (SIS.)
1812 NEEDHAM ROAD
APOPKA, FL 32712

DIRECTOR (At Large)

JOHNSON, PATRICIA A. (SIS.)
4905 LAKE PARK DRIVE
TALLAHASSEE, FL 32311

DIRECTOR (Prayer Outreach)

HUBER, JOYCE E. (SIS.)
13620 LAKE MAGDALENE BLVD. UNIT #508
TAMPA, FL 33618

DIRECTOR (At Large)

WILLIAMSON, SARAH L. (MINISTER)
P.O. BOX 13091
TALLAHASSEE, FL 32317-3091

DIRECTOR (Education)

HACKLEY, CYRILLA P. (SIS)
6536 FAIRBANKS FERRY ROAD
HAVANA, FL 32333

DIRECTOR (Facility Planning)

BYRD, SAMUEL L. (BRO.)
14717 NORHT WEST 193rd STREET
ALACHUA, FL 32615