

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002251 (7)**

1. Corporation Name

**LAMP AND LIGHT BAPTIST CHURCH, INC.**

Principal Place of Business

**1031 E. S.R. 436  
CASSELBERRY FL 32707**

Mailing Address

**P.O. BOX 180356  
CASSELBERRY FL 32718**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/17/1993**

3a. Date of Last Report

**02/26/1996**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

4. FEI Number

**59-2975244**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROBISON, RICHARD L  
5250 S. US HWY 17-92  
CASSELBERRY FL 32718-0895**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIRKPATRICK, PENNY</b>	
STREET ADDRESS	<b>214 BENNETT STREET</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PORTER, ROBERT</b>	
STREET ADDRESS	<b>6908 W. CLIFTON AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCHANAN, JAMES</b>	
STREET ADDRESS	<b>265 SOUTH ST.</b>	
CITY-ST-ZIP	<b>FERN PARK FL 32730</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WHIPPLE, GARY T</b>	
STREET ADDRESS	<b>68 HACIENDA VILLAGE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FULLONE, GLENN</b>	
1.3 STREET ADDRESS	<b>2828 7TH AVE N.</b>	
1.4 CITY-ST-ZIP	<b>ST. PETERSBURG FLA. 33713</b>	

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		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 **90. SIGNATURE REQUIRED** **05/19/97** **59-2598**

CR2E037 (4/97)