2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2008
Secretary of State

DOCUMENT# N93000002755

Entity Name: THE LIGHT OF SPIRITUALISM, AFSC, INC.

Current Principal Place of Business:

714 DARTMOUTH ST
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 547513
ORLANDO, FL 328547513

New Mailing Address:

FEI Number: 59-3204917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENT, GREGORY P
206 COUNTRY LANE NE
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HOBLEY, CHERYL A	
Address:	14414 WINTERSET DRIVE	
City-St-Zip:	ORLANDO, FL 32832	
Title:	V	( ) Delete
Name:	FERNANDEZ, NANCY	
Address:	5043 NASSAU CIRCLE	
City-St-Zip:	ORLANDO, FL 32808	
Title:	T	( ) Delete
Name:	KENT, GREGORY P	
Address:	206 COUNTRY LANE NE	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	TR	( ) Delete
Name:	WALLER, GAIL	
Address:	7460 WAYLAND BLVD	
City-St-Zip:	ORLANDO, FL 32807	
Title:	S	( ) Delete
Name:	DAVID, SALLY REV.	
Address:	1414 CALIFORNIA AVE	
City-St-Zip:	ST. CLOUD, FL 34769	
Title:	TR	( ) Delete
Name:	BARNES, RONALD E	
Address:	914 DOSS AVE	
City-St-Zip:	ORLANDO, FL 32809	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY P. KENT T 03/08/2008

Electronic Signature of Signing Officer or Director — Date