2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000002755

DAVID, SALLY REV.

1414 CALIFORNIA AVE

ST. CLOUD, FL 34769

BARNES, RONALD E

ORLANDO, FL 32809

914 DOSS AVE

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Oct 04, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 714 DARTMOUTH ST ORLANDO, FL 32804 US **Current Mailing Address: New Mailing Address:** PO BOX 547513 ORLANDO, FL 328547513 FEI Number: 59-3204917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KENT, GREGORY P KENT, GREGORY P 4045 PALMETTO AVE SW 206 COUNTRY LANE NE WINTER HAVEN, FL 33881 US US HIGHLAND CITY, FL 33846 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: 10/04/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HOBLEY, CHERYL A Name: Name: 14414 WINTERSET DRIVE Address: Address: ORLANDO, FL 32832 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition FERNANDEZ, NANCY Name: Name: Address: 5043 NASSAU CIRCLE Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: () Delete Title: (X) Change () Addition KENT, GREGORY P Name: KENT, GREGORY P Name: 206 COUNTRY LANE NE 4045 PALMETTO AVE SW Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: HIGHLAND CITY, FL 33846 Title: TR Title: () Change () Addition () Delete Name: WALLER, GAIL Name: 7460 WAYLAND BLVD Address: Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

PIHL, SHIRLEY A REV.

ORLANDO, FL 32807

LEFORT, DONNA D

ORLANDO, FL 32839

2834 AGNES SCOTT WAY

1964 LAKE HERITAGE CIR #1021

(X) Change () Addition

SIGNATURE: GREGORY P. KENT Т 10/04/2008