

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norrham  
Secretary of State  
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N94000004007 (0)**

1. Corporation Name

**ILLUMINATION MINISTRIES, INC.**

Principal Place of Business

Mailing Address

2064 SW PITTS TER  
STUART FL 34997

2064 SW PITTS TER  
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/16/1994

4. FEI Number

☒ Applied For  
☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

**\$68.75** Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, MARY D  
2064 SW PITTS TER  
STUART FL 34997

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                  | STREET ADDRESS    | CITY - ST - ZIP |
|-------|-----------------------|-------------------|-----------------|
| DP    | YOUNG, MARY D         | 2064 SW PITTS TER | STUART FL 34997 |
| DV    | YOUNG, FREDERICK J SR | 2064 SW PITTS TER | STUART FL 34997 |
| DST   | SMITH, HAILEY L       | 4526 SE GENEVA DR | STUART FL 34997 |
|       |                       |                   |                 |
|       |                       |                   |                 |
|       |                       |                   |                 |
|       |                       |                   |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP |
|----------|---------|-------------------|--------------------|
|          |         |                   |                    |
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY - ST - ZIP |
|          |         |                   |                    |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY - ST - ZIP |
|          |         |                   |                    |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY - ST - ZIP |
|          |         |                   |                    |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY - ST - ZIP |
|          |         |                   |                    |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY - ST - ZIP |
|          |         |                   |                    |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), 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:

*Hailey L. Smith* Hailey L. Smith

4/27/95

6407059-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Number