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Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # N94000004447 (8)
1. Corporation Name

LIFE & LIGHT MINISTRIES, INC.

7405 PINEMOUNT ORIVE 7405 PINEMOUNT DRIVE ORLANDO FL 32819-4665 ORLANDO FL 32819 Date Incorporated or Qualified 09/06/1994 3a. Date of Last Report 03/04/1996 2. Principal Place of Business 2a, Mailing Address Applied For NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 23 28 Country This corporation has liability for intangible tax under s. 199.032, Zip Country Zip Yes No 25 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THOMAS, RAJU K Street Address (P.O. Box Number is Not Acceptable) 82 7405 PINEMOUNT DR 83 ORLANDO FL 32819 City 84 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 (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ___ Addition PD DELETE 1,1 TITLE TITLE THOMAS, RAJU K 1.2 NAME NAME 7405 PINEMOUNT DR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32819 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE MATTHEW, JOHNSON 2.2 NAME NAME 1312 DORADO DR, APT A 2.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 2. 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE GEORGE, SAM 3.2 NAME NAME **524 PINEAPPLE CT** STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32835 3.4. CITY - ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 chapted, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

ATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

407 35/5766 Dayline Phone # 0017534

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FILED

Feb 04 1997 8:00am

Secretary of State