FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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-04/29/96--01090--030
***61.25

DOCUMENT # **N95000000001 (6)**

1. Corporation Name

"LIGHT" CHRISTIAN AIDS NETWORK, INC.

Principal Place of Business
7 INLET PLACE
ST. AUGUSTINE FL 32084

Mailing Address
7 INLET PLACE
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified: 12/30/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 117 Bridge St
22 Suite, Apt. #, etc.
23 City & State: St Augustine Fl
24 Zip: 32084
25 Country: USA

2a. Mailing Address
26 117 Bridge St
27 Suite, Apt. #, etc.
28 City & State: St Augustine Fl
29 Zip: 32084
30 Country: USA

4. FEI Number: 59-3286408 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GASPARD, JEROME T
7 INLET PLACE
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: Jerome T Gaspard
82 Street Address (P.O. Box Number is Not Acceptable): 117 Bridge St
83
84 City: St Augustine FL 85 Zip Code: 32084

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: Jerome T Gaspard Director — Jerome T Gaspard — 4-16-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (12/95)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	HAMILTON, BRYANN		1.2 NAME	Susan M Baker	
STREET ADDRESS	7000 CHARLES ST.		1.3 STREET ADDRESS	239 Treasure Beach Rd	
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	St Augustine Fl 32084	
TITLE	D	☐ DELETE	2.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	PIOTROWSKI, ANDREW		2.2 NAME	Sandy Gaspard	
STREET ADDRESS	12 "B" ST.		2.3 STREET ADDRESS	7 Inlet Place	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		2.4 CITY-ST-ZIP	St Augustine Fl 32084	
TITLE	D	☐ DELETE	3.1 TITLE	Jackie Cavera	☐ Change ☒ Addition
NAME	HANUSEK, EUGENE		3.2 NAME	10 Tarrow Dr	
STREET ADDRESS	909 Santa Clara Ave		3.3 STREET ADDRESS	St Augustine Fl 32084	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		3.4 CITY-ST-ZIP	D	
TITLE	D	☒ DELETE	4.1 TITLE	Frances Hanusek	☐ Change ☒ Addition
NAME	JANZ, LAURIE		4.2 NAME	909 Santa Clara Ave	
STREET ADDRESS	1061 WINTERHAWK DR.		4.3 STREET ADDRESS	St Augustine, Fl 32086	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		4.4 CITY-ST-ZIP	D	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	DOUGLAS, ANN		5.2 NAME	Tom Anderson	
STREET ADDRESS	3460 RED CLOUD TRAIL		5.3 STREET ADDRESS	1315 Eisenhower Dr	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		5.4 CITY-ST-ZIP	St Augustine Fl 32095	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	RUSSELL, SUSAN		6.2 NAME	Jerome T. Gaspard	
STREET ADDRESS	18 FRANCISCAN WAY		6.3 STREET ADDRESS	7 Inlet Place	
CITY-ST-ZIP	ST. AUGUSTINE FL		6.4 CITY-ST-ZIP	St. Augustine FL 32084	

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 119.07(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: Jerome T Gaspard Director — 4-4-96 — (904) 826-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-29