# 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

500001799505
-04/29/96--01090--030
***61.25

DOCUMENT # **N95000000001 (6)**

1. Corporation Name
**"LIGHT" CHRISTIAN AIDS NETWORK, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7 INLET PLACE<br>ST. AUGUSTINE FL 32084 | 7 INLET PLACE<br>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
Suite, Apt. #, etc. 22:
City & State 23: St Augustine Fl
Zip 24: 32084 Country 25: USA

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

| 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 Dr | |
| 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 Auberlow | |
| 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 | |

CR2E037 (12/95)

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 #