

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000001 (6)

1. Corporation Name

"LIGHT" CHRISTIAN AIDS NETWORK, INC.



Principal Place of Business

Mailing Address

117 BRIDGE ST.
ST. AUGUSTINE FL 32084
US117 BRIDGE ST.
ST. AUGUSTINE FL 32084-4338
US3. Date Incorporated or Qualified
12/30/19943a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3286408

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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 T ☒ DELETE
NAME BAKER, SUSAN M
STREET ADDRESS 239 TREASURE BEACH RD.
CITY-ST-ZIP ST. AUGUSTINE FL 320841.1 TITLE T/D ☐ Change ☒ Addition
1.2 NAME Richardson, John
1.3 STREET ADDRESS 455 Domenico Cir. #B7
1.4 CITY-ST-ZIP St. Augustine, FL. 32086TITLE D ☒ DELETE
NAME PIOTROWSKI, ANDREW
STREET ADDRESS 12 "B" ST.
CITY-ST-ZIP ST. AUGUSTINE FL 320842.1 TITLE D /S ☒ Change ☐ Addition
2.2 NAME Baker, Susan M
2.3 STREET ADDRESS 239 Treasure Bch. Rd.
2.4 CITY-ST-ZIP St. Augustine, FL. 32084TITLE D ☐ DELETE
NAME HANUSEK, EUGENE
STREET ADDRESS 909 SANTA CLARA AVE.
CITY-ST-ZIP ST. AUGUSTINE FL 320863.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Hanusek, Frances
3.3 STREET ADDRESS 909 Santa Clara Ave.
3.4 CITY-ST-ZIP St. Augustine, FL. 32086TITLE S ☒ DELETE
NAME GASPARD, SANDY
STREET ADDRESS 7 INLET PLACE
CITY-ST-ZIP ST. AUGUSTINE FL 320844.1 TITLE D/P/C ☐ Change ☒ Addition
4.2 NAME Gaspard, Jerome T.
4.3 STREET ADDRESS 7 Inlet Pl.
4.4 CITY-ST-ZIP St. Augustine, FL. 32084TITLE D ☐ DELETE
NAME CANEPA, JACKIE
STREET ADDRESS 10 TARPON DR.
CITY-ST-ZIP ST. AUGUSTINE FL 320845.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Gaspard, Sandy
5.3 STREET ADDRESS 7 Inlet Pl.
5.4 CITY-ST-ZIP St. Augustine, FL. 32084TITLE D ☒ DELETE
NAME RUSSELL, SUSAN
STREET ADDRESS 18 FRANCISCAN WAY
CITY-ST-ZIP ST. AUGUSTINE FL6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Anderson, Thomas L.
6.3 STREET ADDRESS 1315 Eisenhower Dr.
6.4 CITY-ST-ZIP St. Augustine, FL. 32095

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 changed, or on an attachment with an address.

SIGNATURE:

Jerome T. Gaspard

Date

Daytime Phone # 0001234

CP2E037 (9/96)