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Jan 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA 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  
US

117 BRIDGE ST.  
ST. AUGUSTINE FL 32084  
US

3. Date Incorporated or Qualified

12/30/1994

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 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

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

81 Name

GASPARD, Jerome T

82 Street Address (P.O. Box Number is Not Acceptable)

5150 Shore Dr

83

84 City

St Augustine

FL

85 Zip Code

32086

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

TITLE ☐ DELETE

NAME RICHARDSON, JOHN  
STREET ADDRESS 455 DOMENICO CIR., #B7  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME BAKER, SUSAN M.  
STREET ADDRESS 239 TREASURE BEACH RD.  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☒ DELETE

NAME HANUSEK, FRANCES  
STREET ADDRESS 909 SANTA CLARA AVE.  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME GASPARD, JEROME T.  
STREET ADDRESS 7 INLET PLACE  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☒ DELETE

NAME GASPARD, SANDY  
STREET ADDRESS 7 INLET PLACE  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☒ DELETE

NAME ANDERSON, THOMAS L.  
STREET ADDRESS 1315 EISENHOWER DR.  
CITY-ST-ZIP ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME Chairman of Board  
STREET ADDRESS Jim LeMay  
354 Trinito Ave  
CITY-ST-ZIP St Augustine, FL 32086

2.2 NAME ☐ Change ☒ Addition

STREET ADDRESS Secretary  
Carol Francis  
151 ML King Ave  
CITY-ST-ZIP St Augustine, FL 32084

3.1 TITLE ☒ Change ☐ Addition

NAME Director/President  
STREET ADDRESS Gaspard, Jerome T  
CITY-ST-ZIP 5150 Shore Dr  
St Augustine FL 32086

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-98 (904) 826-0055

Date Daytime Phone #

CR2E037 (10/97)