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NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90021 015 ****70.00

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DOCUMENT # N95000000001

1. Corporation Name

"LIGHT" CHRISTIAN AIDS NETWORK, INC.

Principal Place of Business

117 BRIDGE ST.
ST. AUGUSTINE FL 32084
US

Mailing Address

117 BRIDGE ST.
ST. AUGUSTINE FL 32084
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/30/1994

4. FEI Number

59-3286405 59-3286405

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 Fees

9. Name and Address of Current Registered Agent

GASPARD, JEROME T
5150 SHORE DR
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

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

TITLE TD ☒ DELETE
NAME RICHARDSON, JOHN
STREET ADDRESS 455 DOMENICO CIR., #B7
CITY-ST-ZIP ST. AUGUSTINE FLTITLE DA ☒ DELETE
NAME BAKER, SUSAN M.
STREET ADDRESS 239 TREASURE BEACH RD.
CITY-ST-ZIP ST. AUGUSTINE FLTITLE D ☒ DELETE
NAME LENAY, JIM
STREET ADDRESS 354 TRAUINO AVE
CITY-ST-ZIP ST. AUGUSTINE FL 32086TITLE DPC ☒ DELETE
NAME GASPARD, JEROME T.
STREET ADDRESS 7 INLET PLACE
CITY-ST-ZIP ST. AUGUSTINE FLTITLE S ☒ DELETE
NAME FRANCIS, CAROL
STREET ADDRESS 151 ML KING AVE
CITY-ST-ZIP ST. AUGUSTINE FL 32084TITLE DPC ☐ DELETE
NAME GASPARD, JEROME T
STREET ADDRESS 5150 SHORE DR
CITY-ST-ZIP ST. AUGUSTINE FL 32086

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director/Treasurer/Adminis. ☐ Change ☒ Addition
1.2 NAME Parker, Elizabeth K.
1.3 STREET ADDRESS 295 Godwin Road
1.4 CITY-ST-ZIP St. Augustine, FL 320862.1 TITLE Director/Secretary ☐ Change ☒ Addition
2.2 NAME Danahy, Catharine
2.3 STREET ADDRESS 197 Deltona Blvd.
2.4 CITY-ST-ZIP St. Augustine, FL 320863.1 TITLE Director... ☐ Change ☒ Addition
3.2 NAME Graham, Thomas
3.3 STREET ADDRESS 1150 Brevard Street
3.4 CITY-ST-ZIP St. Augustine, FL 320954.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

ELIZABETH K. PARKER 1-15-99 826-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)