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**Feb 26, 1999 8:00 am**  
**Secretary of State**

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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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 32064 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/30/1994	4. FEI Number <del>59-3286408</del> 59-3286405 Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, JOHN	
STREET ADDRESS	455 DOMENICO CIR., #B7	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	DA	<input type="checkbox"/> DELETE
NAME	BAKER, SUSAN M.	
STREET ADDRESS	239 TREASURE BEACH RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LENAY, JIM	
STREET ADDRESS	354 TRAUINO AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	DPC	<input checked="" type="checkbox"/> DELETE
NAME	GASPARD, JEROME T.	
STREET ADDRESS	7 INLET PLACE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRANCIS, CAROL	
STREET ADDRESS	151 ML KING AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	DPC	<input type="checkbox"/> 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.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Parker, Elizabeth K.	
1.3 STREET ADDRESS	295 Godwin Road	
1.4 CITY-ST-ZIP	St. Augustine, FL 32086	
2.1 TITLE	Director/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Danahy, Catharine	
2.3 STREET ADDRESS	197 Deltona Blvd.	
2.4 CITY-ST-ZIP	St. Augustine, FL 32086	
3.1 TITLE	Director...	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Graham, Thomas	
3.3 STREET ADDRESS	1150 Brevard Street	
3.4 CITY-ST-ZIP	St. Augustine, FL 32095	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elizabeth K. Parker* SIGNATURE REQUIRED **EUZABETH K. PARKER** 1-15-99 (904) 826-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)