

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000001

1. Entity Name

"LIGHT" CHRISTIAN AIDS NETWORK, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90010 012 ****70.00

Principal Place of Business

117 BRIDGE ST.
ST. AUGUSTINE FL 32084
US

Mailing Address

117 BRIDGE ST.
ST. AUGUSTINE FL 32084-4338
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3286405

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DTA
NAME PARKER, ELIZABETH K ☐ Delete
STREET ADDRESS 295 GODWIN ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE Director/Secretary/Administrator ☒ Change ☐ Addition
NAME Parker, Elizabeth K.
STREET ADDRESS 5296 Timucua Circle
CITY-ST-ZIP St. Augustine, FL 32086 ☐ Change ☒ Addition

TITLE DS ☒ Delete
NAME DANAHY, CATHARINE
STREET ADDRESS 197 DELTONA BLVD
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE Director ☐ Change ☒ Addition
NAME Tom DeLaughter
STREET ADDRESS 4729 Innisbrook Ct., N.
CITY-ST-ZIP Elkton, FL 32033 ☐ Change ☒ Addition

TITLE D ☒ Delete
NAME GRAHAM, THOMAS
STREET ADDRESS 1150 BREVARD STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE Director/Treasurer ☐ Change ☒ Addition
NAME Susan Frahm
STREET ADDRESS 2 Bay View Dr.
CITY-ST-ZIP St. Augustine, FL 32095 ☐ Change ☒ Addition

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

TITLE Director ☐ Change ☒ Addition
NAME Andrew Piotrowski
STREET ADDRESS 65 1/2 South Dixie Hwy.
CITY-ST-ZIP St. Augustine, FL 32095 ☐ Change ☒ Addition

TITLE S ☒ Delete
NAME FRANCIS, CAROL
STREET ADDRESS 151 ML KING AVE
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE Director ☐ Change ☒ Addition
NAME Bruce Tustin
STREET ADDRESS 18 Sea Oaks Dr.
CITY-ST-ZIP St. Augustine, FL 32084 ☐ Change ☒ Addition

TITLE DP ☐ Delete
NAME GASPARD, JEROME T
STREET ADDRESS 5150 SHORE DR
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE Director ☐ Change ☒ Addition
NAME Carrie Johnson
STREET ADDRESS 30 DeSoto Place
CITY-ST-ZIP St. Augustine, FL 32095

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth K. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH K. PARKER 2-4-00 826-0055 (904)

Date

Daytime Phone #

CR2E037 (9/99)