

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90064 009 ****61.25

DOCUMENT # N95000000001

1. Entity Name

"LIGHT" CHRISTIAN AIDS NETWORK, INC.

C0010643



DO NOT WRITE IN THIS SPACE

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

5150 Shore Dr

Suite, Apt. #, etc.

3. Mailing Address

5150 Shore Dr

Suite, Apt. #, etc.

City & State

St Augustine FL

City & State

St Augustine FL

Zip

32086

Country

USA

Zip

32086

Country

USA

4. FEI Number

59-3286405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 **Jerome T Gaspard**

Jerome T Gaspard

1-17-01

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

TITLE **DSA** ☐ Delete
 NAME **PARKER, ELIZABETH K**
 STREET ADDRESS **5296 TIMUCUA CIRCLE**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **D** ☐ Delete
 NAME **DELAUGHTER, TOM**
 STREET ADDRESS **4729 INNISBROOK CT. N**
 CITY-ST-ZIP **ELKTON FL 32033**

TITLE **DT** ☐ Delete
 NAME **FRAHM, SUSAN**
 STREET ADDRESS **2 BAY VIEW DR.**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE **D** ☒ Delete
 NAME **PIOTROWSKI, ANDREW**
 STREET ADDRESS **65 1/2 SOUTH DIXIE HWY**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE **D** ☐ Delete
 NAME **TUSTIN, BRUCE**
 STREET ADDRESS **18 SEA OAKS DR.**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Jerome T Gaspard** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-17-01**

CR2E037 (10/00)