

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 17, 2002 8:00 am  
Secretary of State

02-17-2002 90106 032 \*\*\*\*61.25

DOCUMENT # N95000000001

1. Entity Name

"LIGHT" CHRISTIAN AIDS NETWORK, INC.

Principal Place of Business

5150 SHORE DR  
SAINT AUGUSTINE FL 32086  
US

Mailing Address

5150 SHORE DR  
SAINT AUGUSTINE FL 32086  
US

2. Principal Place of Business

40 Mallard Circle

3. Mailing Address

40 Mallard Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Murphy NC

City & State

Murphy NC

Zip

28906

Country

USA

Zip

28906

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 40 Mallard Circle  
ST. AUGUSTINE FL 32086 Murphy, NC 28906

7. Name and Address of New Registered Agent

Name

Reverend David Allert

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

339 Delrova Blvd

St Augustine

City

FL

Zip Code

32086

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 1-31-02

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  
NAME PARKER, ELIZABETH K ☐ Delete  
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 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☒ Addition  
NAME Allert, Reverend David  
STREET ADDRESS 339 Delrova Blvd  
CITY-ST-ZIP St Augustine, FL 32086

TITLE D ☐ Change ☒ Addition  
NAME William Rutledge  
STREET ADDRESS 137 Cardinal Rd  
CITY-ST-ZIP Murphy NC 28906

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jerome T Gaspard 1-31-02 President (828) 644-0836

CR2E037 (9/01)