

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90226 012 ****70.00

DOCUMENT # N95000000568

1. Corporation Name

APOSTOLIC LIGHT CHURCH INC.

Principal Place of Business

RT. 1, BOX 808-5
PERRY FL 32347

Mailing Address

P.O. BOX 418
PERRY FL 32347



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

02/06/1995

4. FEI Number

59-3292009

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BOX, JAMES E
RT. 1, BOX 808-5
PERRY FL 32347

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 Rev James E. Box

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME BOX, JAMES E
STREET ADDRESS RT. 1, BOX 808-5
CITY-ST-ZIP PERRY FL 32347

TITLE DTS ☐ DELETE
NAME BOX, BETTY
STREET ADDRESS RT. 1, BOX 808-5
CITY-ST-ZIP PERRY FL 32347

TITLE D ☐ DELETE
NAME BROCK, MARTY L.
STREET ADDRESS 403 RUSSEL ROAD
CITY-ST-ZIP PERRY FL 32347

TITLE D ☒ DELETE
NAME BARKER, GEORGE A.
STREET ADDRESS 705 WEST JULIA DR.
CITY-ST-ZIP PERRY FL 32347

TITLE C ☐ DELETE
NAME ANGELA D ERBY
STREET ADDRESS 5126 SE 58TH AVE
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME C. V.P.
5.3 STREET ADDRESS Angela D ERBY
5.4 CITY-ST-ZIP 5126 SE 58TH AVE
Ocala FL

6.1 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

4/20/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (1/98)