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1997 APR 24 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004511 (0)

1. Corporation Name

HOLY LIGHT MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

313 SE THIRD ST
HAVANA FL 32333

313 SE THIRD ST
HAVANA FL 32333-2105

3. Date Incorporated or Qualified
09/21/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Wayne Gregory Rd

26 Suite, Apt. #, etc.

22 Hwy 12 West

27 P.O. BOX 861

23 Havana FL

28 Havana FL

24 32333 Country

29 32333 Country

4. FEI Number
59-3318542

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSH, CHESTER
313 SE THIRD ST
HAVANA FL 32333

81 Name

82 Street Address (P.O. Box Number) 100002157801-9
-04/23/97--01034--026

83 Filing Fee \$61.25

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TC
NAME SMITH, CECIL L
STREET ADDRESS 4264 CARNWATH DR.
CITY-STATE-ZIP TALLAHASSEE FL 32303

1.1 TITLE D
1.2 NAME James F. Harvey
1.3 STREET ADDRESS Rt. 2 Box 31-A N/A
1.4 CITY-STATE-ZIP Monticello FL 32344

TITLE T
NAME GADSON, BERNICE
STREET ADDRESS RTE. 5 BOX 131 N/A
CITY-STATE-ZIP HAVANA FL 32333

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE T
NAME MAYNOR, PATRICIA A
STREET ADDRESS P.O. BOX 494 N/A
CITY-STATE-ZIP MIDWAY FL 32333

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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.

SIGNATURE:

Cecil L. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

Date

904-668-2511

904-562-6799

Daytime Phone #0008993

CR2E037 (9/96)