

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000004511

1. Corporation Name

HOLY LIGHT MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

WAYNE GREGORY RD.
HWY. 12 WEST
HAVANA FL 32333

Mailing Address

P.O. BOX 861
HAVANA FL 32333

FILED

99 MAR 15 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3318542	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
				5.00 May Be Added to Fees	

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 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

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 1999	
TITLE	TC / D	1.1 TITLE	Financial Secretary
NAME	SMITH, CECIL L	1.2 NAME	Rosie Houston
STREET ADDRESS	4264 CARNWATH DR.	1.3 STREET ADDRESS	2712-A Via Milano Avenue
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	T/D	2.1 TITLE	
NAME	GADSON, BERNICE	2.2 NAME	
STREET ADDRESS	RTE. 5 BOX 131 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	100002807981
NAME	HARVEY, JAMES E	3.2 NAME	-03/16/99--01002--025
STREET ADDRESS	RT. 2 BOX 31-A N/A	3.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	MONTICELLO FL 32344	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Cecil L. Smith

3/15/99

850-562-6799

0009166

CR2E037 (11/98)