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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N96000006085 (2)

1. Corporation Name
MY LIGHT MINISTRIES, INC.

Principal Place of Business
390 LAKEPLACID COURT #302
ALTAMONTE SPRINGS, FL
32701

Mailing Address
390 LAKEPLACID COURT # 302
ALTAMONTE SPRINGS, FL
32701

3. Date Incorporated or Qualified
11/25/96

4. FEI Number
59-3423759
[x] Applied For
[ ] Not Applicable

2. Principal Place of Business
21 390 LAKEPLACID COURT
Suite, Apt. #, etc.
22 #302
City & State
23 ALTAMONTE SPRINGS, FL
Zip 24 32701 Country 25 USA

2a. Mailing Address
26 390 LAKEPLACID COURT
Suite, Apt. #, etc.
27 # 302
City & State
28 ALTAMONTE SPRINGS, FL
Zip 29 32701 Country 30 UAS

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

BRATCHER, JERYL L.
7606 FOREST CITY RD. #15
ORLANDO, FL.32810

10. Name and Address of New Registered Agent

81 Name: JERYL L. JONES (NAME CHANGE)
82 Street Address (P.O. Box Number is Not Acceptable): 390 LAKEPLACID COURT # 302
83
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32701

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: JERYL L. JONES (Jeryl L. Jones) President — 30 March 1998
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRATCHER, JERYL L 7606 FOREST CITY RD. # 15 ORLANDO, FL 32810	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D JONES, JERYL L. (NAME CHANGE) 390 LAKEPLACID COURT # 302 ALTAMONTE SPRINGS, FL. 32701	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRATCHER, MARGARET 213 AZALEA STREET RAEFORD, NC. 28376	[X] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	(D) MICHAEL C. JONES 390 LAKEPLACID COURT # 302 ALTAMONTE SPRINGS, FL 32701	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, VANESSA 403 DRUMMER COURT ASHLAND, VA 23005	[X] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNTE, HAZEL 6 RING NECK ROAD LEXINGTON, VA 24450	[X] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, ASKER 14380 HILLSBORO DRIVE VICTORVILLE CA. 92392	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D WILSON, ASKER 12865 PETALUMA RD VICTORVILLE, CA 92392	[X] Change [ ] Addition -25 4.10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800002486088 -04/13/98--01018--016 ***70.00	[ ] Change [ ] Addition

CR2E037 (10/97)

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.

SIGNATURE: JERYL L. JONES (Jeryl L. Jones) — 30 March 1998 — (407)834-5470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #