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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002773

1. Corporation Name

IN THE LIGHT OF SAINT FRANCIS MINISTRIES, INC.

Principal Place of Business

1923 BRAE MOOR DR.
 DUNEDIN FL 34698

Mailing Address

1923 BRAE MOOR DR.
 DUNEDIN FL 34698



2. Principal Place of Business <i>Dunedin, FL</i>		2a. Mailing Address <i>1655 Santa Anna Dr</i>		3. Date Incorporated or Qualified 05/12/1997	
21. <i>1655 Santa Anna Dr</i> Suite, Apt. #, etc.	26. <i>Dunedin, FL 34698</i> Suite, Apt. #, etc.	4. FEI Number <i>59-3461212</i> APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
22. <i>1655 Santa Anna Dr</i> City & State	27. <i>1655 Santa Anna Dr</i> City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. <i>Dunedin, FL</i> Zip Country	28. <i>Dunedin, FL</i> Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. <i>34698</i>	25. <i>USA</i>	29. <i>34698</i>		30. <i>USA</i>	

9. Name and Address of Current Registered Agent

HOLTEY, MARGARET A
 1923 BRAE MOOR DR.
 DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81. Name	<i>HOLTEY, MARGARET A</i>	
82. Street Address (P.O. Box Number is Not Acceptable)	<i>1655 SANTA ANNA DR</i>	
83.		
84. City	<i>DUNEDIN</i>	85. Zip Code <i>FL 34698</i>

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTEY, BLAIR J	1.2 NAME	<i>As P/O</i>
STREET ADDRESS	1923 BRAE MOOR DR.	1.3 STREET ADDRESS	<i>1655 SANTA ANNA DR</i>
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	<i>DUNEDIN FL 34698-3722</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTEY, MARGARET A	2.2 NAME	<i>V/D</i>
STREET ADDRESS	1923 BRAE MOOR DR.	2.3 STREET ADDRESS	<i>1655 SANTA ANNA DR</i>
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	<i>DUNEDIN FL 34698-3722</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ALEJANDRO	3.2 NAME	<i>T/D</i>
STREET ADDRESS	703 7TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Greg Karsa</i>	4.2 NAME	<i>Greg Karsa</i>
STREET ADDRESS	<i>2877 Bridlewood Dr</i>	4.3 STREET ADDRESS	<i>2877 Bridlewood Dr, Palm Harbor</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>Dunedin, FL 34693</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>Donna Carone</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>3584 Pelican Ct.</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Palm Harbor, FL 34683</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26 '99 (727) 738-8264
 Date Daytime Phone #

CR2E037 (11/98)