

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001208

FILED
Apr 24, 2008
Secretary of State

Entity Name: LIGHT SOURCE MINISTRIES, INC.

Current Principal Place of Business:

690-B E RHODE ISLAND AVENUE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

690-B E RHODE ISLAND AVENUE
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 59-3500489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COKER, CHARLES L JR.
690-B E RHODE ISLAND AVENUE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COKER, CHARLES L JR.
Address: 1265 BRAMLEY LANE
City-St-Zip: DELAND, FL 32720

Title: VPD () Delete
Name: WARNER, DANIEL
Address: 54 S. LACY CIRCLE
City-St-Zip: DELTONA, FL 32725

Title: TD () Delete
Name: BOGGS, GREG
Address: 968 PADDINGTON TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: WARNER, CINDEE
Address: 54 S. LACY CIRCLE
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: TABER, GERALD
Address: 2420 24TH LANE
City-St-Zip: GREENACRES, FL 33463

Title: D (X) Delete
Name: VANAUKE, ROGER
Address: 734 BRIARCLIFF DRIVE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BOGGS, GREG
Address: 968 PADDINGTON TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: TD (X) Change () Addition
Name: COKER, SUSAN
Address: 1265 BRAMLEY LANE
City-St-Zip: DELAND, FL 32720

Title: SD (X) Change () Addition
Name: VANAUKE, ROGER
Address: 734 BRIARCLIFF DRIVE
City-St-Zip: ORANGE CITY, FL 32763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L COKER JR

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date