

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006334

1. Entity Name

LIGHT ON THE HILL MINISTRY, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90114 018 ****70.00

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 4301 3RD. AVE. S.W. NAPLES FL 34119 | 4301 3RD. AVE. S.W. NAPLES FL 34119-2921 |

| | |
|--------------------------------|----------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | P.O. Box 990876 |
| City & State | City & State Naples, FL |
| Zip | Country |
| 34116 | USA |



DO NOT WRITE IN THIS SPACE

| | |
|-------------------------------------|--------------------------------|
| 4. FEI Number | Applied For |
| 31-1677917 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input checked="" type="checkbox"/> | |

6. Name and Address of Current Registered Agent

BAYER, VINCENT A
4301 3RD. AVE. S.W.
NAPLES FL 34119

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL |
| Zip Code |

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr></table> | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | <table><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td></td><td>P/D</td><td>Vincent A. Bayer</td><td>4301 3rd Avenue SW</td><td></td><td></td></tr><tr><td></td><td></td><td>Naples, FL 34119</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td></td><td>S/D</td><td>Leroy Johnson</td><td>5096 Minard Rd. W.</td><td></td><td></td></tr><tr><td></td><td></td><td>Bremerton, WA 98312</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td></td><td>T/D</td><td>John Prygrocki</td><td>1921 22nd Ave. NE</td><td></td><td></td></tr><tr><td></td><td></td><td>Naples, FL 34120</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr></table> | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | P/D | Vincent A. Bayer | 4301 3rd Avenue SW | | | | | Naples, FL 34119 | | | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | S/D | Leroy Johnson | 5096 Minard Rd. W. | | | | | Bremerton, WA 98312 | | | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | T/D | John Prygrocki | 1921 22nd Ave. NE | | | | | Naples, FL 34120 | | | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| | P/D | Vincent A. Bayer | 4301 3rd Avenue SW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Naples, FL 34119 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | S/D | Leroy Johnson | 5096 Minard Rd. W. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Bremerton, WA 98312 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | T/D | John Prygrocki | 1921 22nd Ave. NE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Naples, FL 34120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT A. BAYER 4-25-00 (941) 352-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #