

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90338 021 ****61.25

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DOCUMENT # N99000006368 1. Entity Name OPERATION LIGHTFORCE, INC.			
Principal Place of Business 2310 LEONARD DR SEFFNER, FL 33584		Mailing Address 2310 LEONARD DR SEFFNER, FL 33584	
2. Principal Place of Business <i>315 N. Collins Street</i>		3. Mailing Address <i>315 N. Collins Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Plant City, Florida</i>		City & State <i>Plant City, Florida</i>	
Zip <i>33563</i>		Zip <i>33563</i>	
Country <i>Hillsborough</i>		Country <i>Hillsborough</i>	
4. FEI Number 65-0932719		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULL, RICHARD 2310 LEONARD DR SEFFNER, FL 33584		7. Name and Address of New Registered Agent -- Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULL, RICHARD 2310 LEONARD DR SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ACKERMAN, KEN 5315 LAUREL POINT DR VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Thomas G. Wolf</i> <i>709 Guisardo De Avila</i> <i>Tampa, Florida 33613</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTHOLOMEW, MARE 9501 PALM RIVER RD TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FIORITTO, LOU 2207 SANDON RD DOVER, FL 33527 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, RICHARD 102 W WHITING ST #300 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC HITCHCOCK, SCOTT 17827 GREEN WILLOW DR TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Thomas G. Mull</i> <i>1005 Saddlewood Drive</i> <i>Plant City, FL 33566</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Richard Mull</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <i>4/27/06</i> <small>Date</small> <i>813-752-8905</i> <small>Daytime Phone #</small> </div>	