

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P04168 (1)  
1. Corporation Name  
GOSPEL LIGHT FOUNDATION FOR THE BLIND, INCORPORATED



Principal Place of Business: 485 TEWKSBURY LANE N.E. PALM BAY FL 32907-2280 US  
Mailing Address: 485 TEWKSBURY LANE N.E. PALM BAY FL 32907-2280 US

3. Date Incorporated or Qualified: 11/27/1984  
3a. Date of Last Report: 02/26/1996  
4. FEI Number: 62-1151353  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
KEATHLEY, BILLY C.  
485 TEWKSBURY LANE N.E.  
PALM BAY FL 32907

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: FL 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: P KEATHLEY, BILLY C. [ ] DELETE  
NAME: KEATHLEY, BILLY C.  
STREET ADDRESS: 485 TEWKSBURY LANE N.E.  
CITY - ST - ZIP: PALM BAY FL  
TITLE: ST KEATHLEY, BARBARA J. [ ] DELETE  
NAME: KEATHLEY, BARBARA J.  
STREET ADDRESS: 485 TEWKSBURY LANE N.E.  
CITY - ST - ZIP: PALM BAY FL  
TITLE: D COLLISON, EDWARD (REV.) [ ] DELETE  
NAME: COLLISON, EDWARD (REV.)  
STREET ADDRESS: 3950 DAIRY ROAD  
CITY - ST - ZIP: MELBOURNE FL  
TITLE: D SPARKMAN, PASTOR STAN [ ] DELETE  
NAME: SPARKMAN, PASTOR STAN  
STREET ADDRESS: 1757 DAGON ROAD  
CITY - ST - ZIP: VENICE FL  
TITLE: D HOLLAND, MIKE [ ] DELETE  
NAME: HOLLAND, MIKE  
STREET ADDRESS: 8105 W FARKES RD  
CITY - ST - ZIP: PLANT CITY FL  
TITLE: D DARGIE, DR. BOB [ ] DELETE  
NAME: DARGIE, DR. BOB  
STREET ADDRESS: 2625 S. ST.  
CITY - ST - ZIP: TITUSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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: Barbara J. Keathley, BILLY C. Keathley 4/20/97 407-724-9036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018804

CR2E037 (9/96)