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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**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 62-1151353		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATHLEY, BILLY C.	1.2 NAME	
STREET ADDRESS	485 TEWKSBURY LANE N.E.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	1.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATHLEY, BARBARA J.	2.2 NAME	
STREET ADDRESS	485 TEWKSBURY LANE N.E.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLISON, EDWARD (REV.)	3.2 NAME	
STREET ADDRESS	3950 DAIRY ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKMAN, PASTOR STAN	4.2 NAME	
STREET ADDRESS	1757 DAGON ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, MIKE	5.2 NAME	
STREET ADDRESS	8105 W FARKES RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARGIE, DR. BOB	6.2 NAME	
STREET ADDRESS	2625 S. ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	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* **Barbara J. 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)