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FILED  
Feb 13 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

**485 TEWKSBURY LANE N E  
PALM BAY FL 32907-2280  
US**

**485 TEWKSBURY LANE N.E.  
PALM BAY FL 32907-2280  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

**11/27/1984**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEATHLEY, BILLY C.  
485 TEWKSBURY LANE N.E.  
PALM BAY FL 32907**

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

(Signature of the person filing this report, if registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **KEATHLEY, BILLY C.**  
STREET ADDRESS **485 TEWKSBURY LANE N.E.**  
CITY-ST-ZIP **PALM BAY FL**

☐ DELETE

TITLE **ST**  
NAME **KEATHLEY, BARBARA J.**  
STREET ADDRESS **485 TEWKSBURY LANE N.E.**  
CITY-ST-ZIP **PALM BAY FL**

☐ DELETE

TITLE **D**  
NAME **COLLISON, EDWARD (REV.)**  
STREET ADDRESS **3950 DAIRY ROAD**  
CITY-ST-ZIP **MELBOURNE FL**

☐ DELETE

TITLE **D**  
NAME **SPARKMAN, PASTOR STAN**  
STREET ADDRESS **1757 DAGON ROAD**  
CITY-ST-ZIP **VENICE FL**

☐ DELETE

TITLE **D**  
NAME **HOLLAND, MIKE**  
STREET ADDRESS **6105 W FARKES RD**  
CITY-ST-ZIP **PLANT CITY FL**

☐ DELETE

TITLE **D**  
NAME **DARGIE, DR. BOB**  
STREET ADDRESS **2625 S. ST.**  
CITY-ST-ZIP **TITUSVILLE FL**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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*

*2/5/98*

*407-724-9036*

CR2E037 (10/97)