

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2018
Secretary of State
CC9399654136

Entity Name: CHRISTIAN LIGHTHOME NETWORK, INC.

Current Principal Place of Business:

6799 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309

Current Mailing Address:

P. O. BOX 13422
TALLAHASSEE, FL 32317 US

FEI Number: 59-3158785

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBINSON, W. JAMES REV.
6799 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309 US

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: REV. W. JAMES ROBINSON

04/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ED
Name ROBINSON, W. JAMES REV.
Address 6799 VETERANS MEMORIAL DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title DTDE
Name JACKSON, RANDY ELDER.
Address 4192 53RD AVE. SOUTH
City-State-Zip: ST PETERSBURG FL 33711

Title DT
Name BYRD, SAMUEL L. BRO.
Address 14717 NORTH WEST, 193RD STREET
City-State-Zip: ALACHUA FL 32615

Title DSBS
Name ROBINSON, JEROME (MARLOW) MIN.
Address 3447 HEADWATER CREEK DRIVE
City-State-Zip: TALLAHASSEE FL 32310

Title D ADVISOR
Name RESHARD, JOHN J REV.
Address 5556 OLD MAGNOLIA RD
City-State-Zip: TALLAHASSEE FL 32309

Title DS
Name JOHNSON, PATRICIA A. SIS.
Address 8270 SIERRA WOODS DRIVE
City-State-Zip: TALLAHASSEE FL 32311

Title DM
Name ROBINSON, KELTON E. BRO.
Address 220 RIVERSIDE AVENUE
313
City-State-Zip: JACKSONVILLE FL 32202

Title D (EVANGELISM)
Name LYLES, MARY L. EVANGELIST
Address 6196 LYNN LAKE DRIVE (33712)
P.O. BOX 10163
City-State-Zip: ST. PETERSBURG FL 33733

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REV. W. JAMES ROBINSON

EXECUTIVE DIRECTOR

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D ADVISOR
Name HENDERSON, JOSEPH W. DR.
Address 870 VIOLET STREET
City-State-Zip: TALLAHASSEE FL 32308

Title DE
Name HACKLEY, CYRILLA P. SIS.
Address 6536 FAIRBANKS FERRY ROAD
City-State-Zip: HAVANA FL 32333

Title DHS
Name TROUT, MARYANN SIS.
Address 227 WELDON CIRCLE
City-State-Zip: QUINCY FL 32351

Title D (AT LARGE)
Name ROBINSON, JEROME BRO.
Address 13960 HARLEY ROBINSON COURT
City-State-Zip: TALLAHASSEE FL 32309

Title DL
Name ROBINSON, ANTON M. ESQ.
Address 41-34 CRESCENT STREET
APT. 4-F
City-State-Zip: LONG ISLAND CITY NY 11101

Title D IT
Name WILLIAMSON, SARAH L. MINISTER
Address 11959 OLD TUSCANY PLACE
City-State-Zip: NEW PORT RICHEY FL 34654

Title D (AT LARGE)
Name BYRD, MARY M. SIS.
Address 1471NORTH WEST 193RD. STREET
City-State-Zip: ALACHUA FL 32615