2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51425

Entity Name: CHRISTIAN LIGHTHOME NETWORK, INC.

May 01, 2017 Secretary of State CC9871800789

FILED

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 05/01/2017

Electronic Signature of Registered Agent

Officer/Director Detail:

Title FD Title DTDE

Name ROBINSON, W. JAMES REV. Name JACKSON, RANDY ELDER. 6799 VETERANS MEMORIAL DRIVE 4192 53RD AVE. SOUTH Address Address City-State-Zip: ST PETERSBURG FL 33711 TALLAHASSEE FL 32309 City-State-Zip:

DSBS Title Title DT

Name ROBINSON, JEROME (MARLOW) MIN. BYRD, SAMUEL L. BRO. Name

Address 4512 WOODHAVEN DRIVE Address 14717 NORTH WEST, 193RD STREET TALLAHASSEE FL 32305 City-State-Zip: City-State-Zip: ALACHUA FL 32615

Title DS Title **D ADVISOR**

Name JOHNSON, PATRICIA A. SIS. Name RESHARD, JOHN J REV. Address 8270 SIERRA WOODS DRIVE Address 5556 OLD MAGNOLIA RD City-State-Zip: TALLAHASSEE FL 32311

TALLAHASSEE FL 32309 City-State-Zip:

Title D (EVANGELISM) Title DM

Name LYLES, MARY L. EVANGELIST ROBINSON, KELTON E. BRO. Name

Address 6196 LYNN LAKE DRIVE (33712) 220 RIVERSIDE AVENUE Address

P.O. BOX 10163 # 313

ST. PETERSBURG FL 33733 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32202

Continues on page 2

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.

05/01/2017 SIGNATURE: REV. W. JAMES ROBINSON EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

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 221, WEST 148TH STREET

APT. 1-A

City-State-Zip: NEW YORK NY 10039

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