

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51425

**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

06/29/2020

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

Title DM  
Name ROBINSON, KELTON E. BRO.  
Address 3303 PORT ROYALE DRIVE  
APT. # 413  
City-State-Zip: FT. LAUDERDALE FL 33308

Title D (EVANGELISM)  
Name LYLES, MARY L. EVANGELIST  
Address 6196 LYNN LAKE DRIVE  
APARTMENT - A  
City-State-Zip: ST. PETERSBURG FL 33712

**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.*

**SIGNATURE:** REV, W. JAMES ROBINSON

**EXECUTIVE DIRECTOR**

06/29/2020

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 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 ROBINSON, JEROME BRO.  
Address 13960 HARLEY ROBINSON COURT  
City-State-Zip: TALLAHASSEE FL 32309

Title DL  
Name ROBINSON, ANTON M. ESQ.  
Address P. O. BOX 13422  
City-State-Zip: TALLAHASSEE FL 32317

Title DS  
Name BYRD, MARY M. SIS.  
Address 14717 NORTH WEST 193RD. STREET  
City-State-Zip: ALACHUA FL 32615