

2022 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

FILED
Apr 28, 2022
Secretary of State
8471657425CC

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

04/28/2022

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

Title D BS
Name ROBINSON, JEROME (MARLOW) MINISTER
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. PROPHET
Address 8270 SIERRA WOODS DRIVE
City-State-Zip: TALLAHASSEE FL 32311

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

Title D E
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

04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D ADVISOR
Name HENDERSON, JOSEPH W. BISHOP
Address 3050 AGAPE LANE
City-State-Zip: TALLAHASSEE FL 32311

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 D LA
Name ROBINSON, ANTON M. BRO.
Address P. O. BOX 13422
City-State-Zip: TALLAHASSEE FL 32317

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