

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000541513

**Entity Name:** BEACON OF LIGHT EMPOWERMENT MINISTRIES OF JAX LLC

**Current Principal Place of Business:**

5959 FORT CAROLINE RD.  
APT 513  
JACKSONVILLE, FL 32277

**Current Mailing Address:**

5959 FORT CAROLINE RD.  
APT 513  
JACKSONVILLE, FL 32277 US

**FEI Number:** 93-4753778

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

THOMAS, ANGEL C  
11091 PIERCE ARROW COURT  
JACKSONVILLE, FL 32246 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AP  
Name BUGGEST, LESHALDON R  
Address 5959 FORT CAROLINE RD. APT 513  
City-State-Zip: JACKSONVILLE FL 32277

Title MGR  
Name THOMAS LOCKLEY, NELLIE  
Address 2538 GAYLAND RD.  
City-State-Zip: JACKSONVILLE FL 32218

Title MGR  
Name THOMAS, BOBBY L JR.  
Address 11091 PIERCE ARROW CT.  
City-State-Zip: JACKSONVILLE FL 32246

Title MGR  
Name ROBINSON, LILLIAN D  
Address 1549 E. 30TH ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title MGR  
Name BUGGEST, KEVIN C  
Address 5959 FORT CAROLINE RD. APT 513  
City-State-Zip: JACKSONVILLE FL 32277

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LESHALDON BUGGEST

AP

04/22/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date