

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741434 (5)

1. Corporation Name  
**SOULS HARBOR LIGHT, INC.**



Principal Place of Business: 7270 N.W. 138 TERRACE, WILLISTON FL 32696, US  
Mailing Address: 7270 NE 138 TERRACE, WILLISTON FL 32696, US

3. Date Incorporated or Qualified: 01/24/1978  
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business: 21 7270 N.E. 138 TERRACE  
2a. Mailing Address: 26 7270 N.E. 138 TERRACE

4. FEI Number: 59-1855977  
Applied For: Not Applicable

22. City & State: 23 WILLISTON FLA  
27. City & State: 28 WILLISTON FLA

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

24. Zip: 32696 25. Country: LEVY  
29. Zip: 32696 30. Country: LEVY

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
CARPENTER, THERESA V.  
7270 NE 138 TERRACE  
WILLISTON FL 32696

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARPENTER, THERESA V.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8117 13TH STREET	1.2 NAME	
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD CARPENTER, JULIAN D.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8117 13TH STREET	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	SD LA RAY PASS, THERESA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10937 OLD HILLSBORO AVE	3.2 NAME	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THERESA V. CARPENTER  
1-20-96 (352) 528-0995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)