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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 741434

(5)

SOULS HARBOR LIGHT, INC.

Principal Place of Business Mailing Address 7270 NE 138 TERRACE 7270 N.W. 138 TERRACE WILLISTON FL 32696 WILLISTON FL 32696-4934 3. Date incorporated or Qualified 01/24/1978 02/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 7270 NE 138 TERNACI Suite, Apt. #, etc. 59-1855977 RO. Box Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27 BRONSO Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Williston **Trust Fund Contribution** 28 Added to Fees Zip 8. This corporation has liability for intangible tax under s. 199.032, 🗷 Yes 🔲 No Florida Statutes 10. Name and Address of New Registered Agent 81 Name CARPENTER, THERESA V. 82 Street Address (P.O. Box Number is Not Acceptable) **7270 NE 138 TERRACE** WILLISTON FL 32696 83 84 City 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 alguature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE Addition CARPENTER, THERESA V. NAME 1.2 NAME **8117 13TH STREET** STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE Addition 2.1 TITLE CARPENTER, JULIAN D. NAME 2.2 NAME **8117 13TH STREET** STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE SD TITLE Change Addition 3.1 TITLE LA RAY PASS, THERESA NAME 3.2 NAME 10937 OLD HILLSBORO AVE STREET ADDRESS 3.3 STREET ADDRESS tampa fl CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

SIGNATURE: WA

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

13-97

**FILED** 

Feb 13 1997 8:00am

Secretary of State