

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **141434**  
 1. Corporation Name  
**SOUL'S HARBOR LIGHT, INC.**

2. Principal Place of Business		2a. Mailing Address	
21	<b>2729 LEARY RD</b>	26	<b>2729 LEARY RD</b>
22		27	
23	City & State <b>ALBANY, GA</b>	28	City & State <b>ALBANY, GA 31707</b>
24	Zip <b>31707</b>	29	Zip <b>31707</b>
25	Country <b>USA</b>	30	Country <b>USA</b>

3. Date Incorporated or Qualified  
**JAN. 24, 78**

4. FEI Number  
**#59-2901037**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**THERESA K CARPENTER**  
**2729 LEARY RD**  
**ALBANY, GA 31707**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7991 NE 120 AVE**  
 83  
 84 City **BRONSON** **FL** 85 Zip Code **32621**

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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

TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>THERESA K CARPENTER</b>
STREET ADDRESS	<b>2729 LEARY RD</b>
CITY-ST-ZIP	<b>ALBANY GA 31707</b> <input type="checkbox"/> DELETE
TITLE	<b>FLA ADDRESS</b> <input type="checkbox"/> DELETE
NAME	<b>7991-120 AVE</b>
STREET ADDRESS	<b>BRONSON, FL 32621</b>
CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LA-RAY PARR</b>
STREET ADDRESS	<b>16937 Old Hillswood Ave</b>
CITY-ST-ZIP	<b>Tampa Fla 33610</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JULIAN CARPENTER</b>
STREET ADDRESS	<b>2729 LEARY RD.</b>
CITY-ST-ZIP	<b>ALBANY, GA 31707</b> <input type="checkbox"/> DELETE
TITLE	<b>FLA ADDRESS</b> <input type="checkbox"/> DELETE
NAME	<b>7991 N.E. 120 ave</b>
STREET ADDRESS	<b>Bronson, Fl 32621</b>
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>100002475891</b>
5.3 STREET ADDRESS	<b>-04/01/98--01093--001</b>
5.4 CITY-ST-ZIP	<b>***61.25</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Theresa V. Carpenter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E037 (10/97)

PE  
3-31