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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741434

1. Corporation Name
SOULS HARBOR LIGHT, INC.

Principal Place of Business

2729 LEARY RD
ALBANY FL 31707
US

Mailing Address

2729 LEARY RD
ALBANY FL 31707
US



send ALL MAIL TO ✓

2. Principal Place of Business

21 2729 LEARY RD.

2a. Mailing Address

26 THERESA V. CARPENTER
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/24/1978

22 Suite, Apt. #, etc.

27 PO BOX 1276

4. FEI Number

59-2901037

Applied For

Not Applicable

23 City & State

ALBANY GA

27 City & State

28 MANGO FLA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

31707

29 Zip Country

33550

30 Hillsborough

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CARPENTER, THERESA V.
7991 NE 120 AVE
BRONSON FL 32621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME CARPENTER, THERESA V.

STREET ADDRESS 2729 LEARY RD

CITY-ST-ZIP ALBANY FL 31707

TITLE VD DELETE

NAME CARPENTER, JULIAN

STREET ADDRESS 2729 LEARY RD

CITY-ST-ZIP ALBANY FL 31707

TITLE SD DELETE

NAME LA RAY PASS, THERESA

STREET ADDRESS 10937 OLD HILLSBORO AVE

CITY-ST-ZIP TAMPA FL 33610

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: Theresa V. Carpenter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

Daytime Phone #

CR2E037 (11/98)