

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90065 020 ****61.25

0072053

DOCUMENT # **758987**

1. Entity Name

LIGHTHOUSE BAPTIST CHURCH AND MINISTRIES, INC.



Principal Place of Business

**33530 CR 44-B
EUSTIS FL 32726-9701**

Mailing Address

**33530 CR 44-B
EUSTIS FL 32726-9701**

90015979



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2352626**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATKINS, MICHAEL W
33321 WESLEY RD.
EUSTIS FL 32726**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WATKINS, MICHAEL W	
STREET ADDRESS	33321 WESLEY RD.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HORNER, ROY	
STREET ADDRESS	1410 COUNTYRD	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WATKINS, JOLYN	
STREET ADDRESS	33321 WESLEY RD	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ANDREWS, ORLANDO	
STREET ADDRESS	1260 MORNINGSIDE ST	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	DTT	<input type="checkbox"/> Delete
NAME	HOUGH, LAWRENCE R.	
STREET ADDRESS	42314 HAWKINS RD	
CITY-ST-ZIP	ALTOONA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Financial Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy L. OQuin	
STREET ADDRESS	11235 South Em EN El Grove Rd.	
CITY-ST-ZIP	Leesburg FL 34788	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael W. Watkins* **REQUIRED** Michael W. Watkins 1/29/03 352-383-3838

CR2E037 (10/02)