

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90023 026 ****61.25

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-2352626

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, MICHAEL W
33321 WESLEY RD.
EUSTIS FL 32726

7. Name and Address of New Registered Agent

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
Due By May 1, 2004

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WATKINS, MICHAEL W	
STREET ADDRESS	33321 WESLEY RD.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HORNER, ROY	
STREET ADDRESS	1410 COUNTRYRD	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	FS	<input type="checkbox"/> Delete
NAME	OQUIN, DORTHY L	
STREET ADDRESS	11335 SOUTH EM EN EL GROVE RD	
CITY-ST-ZIP	LEESBURG FL 34-7888	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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 Watkins* Michael Watkins

2-12-04 352-383-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #