

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90003 046 \*\*\*\*61.25



**DOCUMENT # 758987**  
 1. Entity Name  
**LIGHTHOUSE BAPTIST CHURCH AND MINISTRIES, INC.**

Principal Place of Business      Mailing Address  
 33530 CR 44-B                              33530 CR 44-B  
 EUSTIS FL 32726-9701                      EUSTIS FL 32726-9701



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State                              City & State

4. FEI Number      Applied For  
**59-2352626**      Not Applicable

Zip      Country      Zip      Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	FS	<input checked="" 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		
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	FS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Watkins Jolyn	
STREET ADDRESS	33321 Wesley Rd.	
CITY-ST-ZIP	Eustis FL 32726	
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 exemptions contained in Section 119, 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      6-22-06      352-383-3838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #