

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90053 014 ****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

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: WATKINS, MICHAEL W
 STREET ADDRESS: 33321 WESLEY RD.
 CITY-ST-ZIP: EUSTIS FL 32726 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: DT
 NAME: HORNER, ROY
 STREET ADDRESS: 1410 COUNTRYRD
 CITY-ST-ZIP: TAVARES FL 32778 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: ST
 NAME: WATKINS, JOLYN
 STREET ADDRESS: 33321 WESLEY RD
 CITY-ST-ZIP: EUSTIS FL 32726 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: DT
 NAME: ANDREWS, ORLANDO
 STREET ADDRESS: 1260 MORNINGSIDE ST
 CITY-ST-ZIP: MT DORA FL 32757 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: DTT
 NAME: HOUGH, LAWRENCE R.
 STREET ADDRESS: 42314 HAWKINS RD
 CITY-ST-ZIP: ALTOONA FL Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

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: SIGN MICHAEL WATKINS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01 352-383-3838
 Date Daytime Phone #

002307

CR2E037 (10/00)