2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2002 8:00 am Secretary of State **DOCUMENT # 758987** 1. Entity Name LIGHTHOUSE BAPTIST CHURCH AND MINISTRIES. INC. 04-23-2002 90343 010 ****61.25 Principal Place of Business Mailing Address 33530 CR 44-8 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. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2352626 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent = 7.-Name and Address of New Registered Agent . Name Street Address (P.O. Box Number is Not Acceptable) WATKINS, MICHAEL W 33321 WESLEY RD. EUSTIS FL 32726 City 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD 😘 ☐ Delete TITLE ☐ Addition WATKINS, MICHAEL W NAME STREET ADDRESS 33321 WESLEY RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726 TITLE DT Delete TITLE ☐ Change ☐ Addition NAME Horner, Roy NAME STREET ADDRESS 1410 COUNTYRD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAVARES FL 32778 TITLE Delete - - -TITLE ☐ Change ☐ Addition NAME WATKINS, JOLYN NAME STREET ADDRESS 33321 WESLEY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726 TITLE DT ☐ Delete TITLE ☐ Change Addition andrews, orlando NAME STREET ADDRESS 1260 MORNINGSIDE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>MT DORA FL 32757</u> ☐ Delete TITLE Change Addition HOUGH, LAWRENCE R. NAME STREET ADDRESS STREET ADDRESS 42314 HAWKINS RD CITY-ST-ZIP CITY-ST-ZIP ALTOONA FL ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

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.