

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90098 007 \*\*\*\*61.25

**DOCUMENT # 705147**

1. Entity Name

**LIGHTHOUSE COVENANT CHURCH, INC.**

*P*

Principal Place of Business

Mailing Address

9904 N.W. 77TH STREET  
 TAMARAC FL 33321

9904 N.W. 77TH STREET  
 TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1426200**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENRY, BRUCE**  
**350 N.E. 42ND ST.**  
**FT. LAUDERDALE FL 33334**

Name

**Rilla J. Clauson**

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

**1650 NE 55 Street**

**Fort Lauderdale**

City

**FL**

Zip Code

**333334**

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

*Rilla J. Clauson*

*8/27/00*

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**

**After September 13, 2000 min. will be \$236.25**

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  Delete  
 NAME **T NELSON, SCOTT**  
 STREET ADDRESS **2800 NW 56TH AVE, SUITE E-304**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE  Change  Addition  
 NAME **Treasurer**  
 STREET ADDRESS **Craig Woetzel**  
 CITY-ST-ZIP **7823 Sunflower Drive**  
**Margate M-Craig-Woetzel FL 33063**

TITLE  Delete  
 NAME **D SCHULHOF, BETTY**  
 STREET ADDRESS **9221 W. BROWARD BLVD.**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **#2122**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP BACKUS, TIMOTHY**  
 STREET ADDRESS **8285 NW 94 AVE**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D NELSEN, VIOLA K**  
 STREET ADDRESS **1295 NW 87 AVE.**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE  Change  Addition  
 NAME **Nilsen, Viola K.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P CUNLIFFE, DAVID**  
 STREET ADDRESS **9943 N.W. 6TH CT**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **5784 NW 121st Terrax<sup>ee</sup>**  
 CITY-ST-ZIP **Coral Springs FL 33076**

TITLE  Delete  
 NAME **S SEILER, ELLIE**  
 STREET ADDRESS **5841 NW 61ST AVE, APT 201**  
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE  Change  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:

*VIOLA K. NILSEN* **VIOLA K. NILSEN, Director**

DATE

*8/27/00*

Daytime Phone #

*954-346-3167*

CR2E037 (5/00)