

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0047656

DOCUMENT # 705147
 1. Entity Name
LIGHTHOUSE COVENANT CHURCH, INC.

03-05-2001 90079 028 ****61.25

Principal Place of Business 9904 N.W. 77TH STREET TAMARAC FL 33321	Mailing Address 9904 N.W. 77TH STREET TAMARAC FL 33321
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1426200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CLAUSON, RILLA J
1650 NE 55 STREET
FORT LAUDERDALE FL 33334

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.

SIGNATURE _____ (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	
T WOETZEL, CRAIG 7823 SUNFLOWER DRIVE MARGATE FL 33063	<input type="checkbox"/> Delete
D SCHULHOF, BETTY 9221 W. BROWARD BLVD. PLANTATION FL	<input type="checkbox"/> Delete
VP BACKUS, TIMOTHY 8285 NW 94 AVE TAMARAC FL	<input checked="" type="checkbox"/> Delete
D NILSON, VIOLE K 1295 NW 87 AVE. CORAL SPRINGS FL	<input type="checkbox"/> Delete
P CUNLIFFE, DAVID 5784 NW 121ST TERRACE CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
S SEILER, ELLIE 5841 NW 61ST AVE, APT 201 TAMARAC FL 33319	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Rilla Clauson 1650 NE 55 ST Ft Laud FL 33334</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/19/01** Daytime Phone # **954-771-3783**

CR2E037 (10/00)