


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90215 015 ****61.25

DOCUMENT # 705147

1. Entity Name
LIGHTHOUSE COVENANT CHURCH, INC.



Principal Place of Business
**9904 N.W. 77TH STREET
TAMARAC FL 33321**

Mailing Address
**9904 N.W. 77TH STREET
TAMARAC FL 33321**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	WOETZEL, CRAIG	
STREET ADDRESS	7823 SUNFLOWER DRIVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUNLIFFE, DAVID	
STREET ADDRESS	5784 NW 121ST TERR	
CITY-ST-ZIP	CORAL SPRINGS FL 33077	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAUSON, RILLA	
STREET ADDRESS	1650 NE 55 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUNLIFFE, TERRI	
STREET ADDRESS	5784 NW 121 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EVERTS, PAUL	
STREET ADDRESS	9221 W BROWARD BLVD #222	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOOVER, ANN	
STREET ADDRESS	2105 NE 59 COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS	De Marco, Frank	
CITY-ST-ZIP	11183 NW 7th Street Coral Springs FL 33071	
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 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 employees.

SIGNATURE: *David P. Everts*

4/15/03 954-799-7041

CR2E037 (10/02)