

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719598 (5)

1. Corporation Name

LIGHTHOUSE BAPTIST CHURCH OF LARGO, INC.



Principal Place of Business

Mailing Address

**10539 122ND AVENUE NORTH
LARGO FL 34643**

10539 122ND AVENUE NORTH

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1970		3a. Date of Last Report 04/12/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1883781		Applied For ☐ Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

**FOX, EDWIN L.
10539 122ND AVENUE NORTH
LARGO FL 34643**

10. Name and Address of New Registered Agent

81. Name	KENNETH D. JONES
82. Street Address (P.O. Box Number is Not Acceptable)	10539 122ND AVE N
83. City	LARGO
84. State	FL
85. Zip Code	34643

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Kenneth D. Jones **KENNETH D. JONES** **23 APR 96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD	1.1 TITLE	PD
NAME	FOX, EDWIN L.	1.2 NAME	JONES, KENNETH D
STREET ADDRESS	10539 122ND AVENUE NORTH	1.3 STREET ADDRESS	10539 122ND AVE N
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	LARGO FL 34643
TITLE	D	2.1 TITLE	D
NAME	OWENS, LELA	2.2 NAME	EVELYN COOPER
STREET ADDRESS	1811 YOUNG AVE	2.3 STREET ADDRESS	10398 104 AVE N #316
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	LARGO, FL 34643
TITLE	VD	3.1 TITLE	D
NAME	PIERCE, HOKE	3.2 NAME	IRMA DIAZ
STREET ADDRESS	824 HALL ST.	3.3 STREET ADDRESS	401 ROSERY RD APT 310
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	LARGO, FL 34640
TITLE	STD	4.1 TITLE	SD
NAME	BIGGERS, SANDY	4.2 NAME	PAMELA RAESDALE
STREET ADDRESS	3908 N 58 AVE	4.3 STREET ADDRESS	11891 104TH ST N
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	LARGO, FL 34643
TITLE	VD	5.1 TITLE	
NAME	BIGGERS, LARRY	5.2 NAME	
STREET ADDRESS	3908 N 58 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela Raesdale **PAMELA RAESDALE** **23 APR 96** **5053099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)