

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 719598**

1. Entity Name

LIGHTHOUSE BAPTIST CHURCH OF LARGO, INC.Principal Place of Business
**10539 122ND AVENUE NORTH
LARGO FL 34643**Mailing Address
**10539 122ND AVENUE NORTH
LARGO FL 33773-2204**

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

59-1883781

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SANDERS, RON
7300 120TH AVE N
LARGO FL 33773****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

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
Department of State****10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, RON 7300 120TH AVE, N LARGO FL 33773	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, EVELYN 10398 104 AVE N #316 LARGO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATES, MARY E 12264 144TH ST, N. LARGO FL 33774	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAGSDALE, KARL 11891 104TH ST N LARGO FL 33773	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MIRAVALLE 10200 122ND AVENUE N APT. 2551 LARGO FL 33773	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Delete
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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: *Joy Miravalle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**JOY MIRAVALLE****1-6-2000 727-319-8023**
Date Daytime Phone #