

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

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 34643
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-1883781	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANDERS, RON 10539 122ND AVE N. LARGO FL 33773
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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 this if applicable (NOTE: Registered Agent signature required when terminating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida 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 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, JOY 10200 122ND AVE N, APT 1703 LARGO FL 33773	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 ☐ Addition
1100000445040 03/07/06-80027-014 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* JOY MIRAVALLE

2-20-06 722-319-8023