2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90013 026 ****70.00

DOCUMENT # 738313

1. Entity Name

LIGHTHOUSE MINISTRIES, INC.

Principal Place of Business	Mailing Address
117 E. MAGNOLIA AVE. P.O. BOX 3112 LAKELAND FL 33802	117 E. MAGNOLIA AVE. P.O. BOX 3112 LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE

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 59-1722768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WELCH, JAMES S.
117 E. MAGNOLIA AVENUE
LAKELAND FL 33802

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD	☒ Delete
NAME	CLARK, BLAIR	
STREET ADDRESS	833 CANDICE AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	☐ Delete
NAME	WILSON, HAROLD E	
STREET ADDRESS	3045 BUCKINGHAM AV	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	SD	☐ Delete
NAME	WARNOCK, CARL C	
STREET ADDRESS	1408 W LAKE PARKER DR	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	PD	☐ Delete
NAME	WELCH, JAMES S	
STREET ADDRESS	4616 KIMBALL CT W	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	VD	☐ Delete
NAME	CLARK, BLAIR	
STREET ADDRESS	1150 LONGWOOD OAKS BLVD	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Officer listed twice correct listing below	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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] April 24, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #