

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90027 003 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 738313

1. Entity Name
LIGHTHOUSE MINISTRIES, INC.



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

Mailing Address
**117 E. MAGNOLIA AVE.
P.O. BOX 3112
LAKELAND, FL 33802**

44011898



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1722768

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **CLARK, BLAIR**
STREET ADDRESS **833 CANDICE AVENUE**
CITY-ST-ZIP **LAKELAND, FL**

TITLE **President** ☐ Change ☒ Addition
NAME **NIS Nissen**
STREET ADDRESS **1037 S. Florida Ave**
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **TD** ☒ Delete
NAME **WILSON, HAROLD E**
STREET ADDRESS **3045 BUCKINGHAM AV**
CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Katrina Lunsford**
STREET ADDRESS **402 S. Kentucky Ave #110**
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **SD** ☒ Delete
NAME **WARNOCK, CARL C**
STREET ADDRESS **1408 W.LAKE PARKER DR**
CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Dianne Bishop**
STREET ADDRESS **850 Glendale Street**
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **PO** ☒ Delete
NAME **WELCH, JAMES S**
STREET ADDRESS **4616 KIMBALL CT W**
CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

Steve Turberville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 19 04 863 687-4076
Date Daytime Phone #