

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90438 041 ****61.25

DOCUMENT # 743165

1. Entity Name

LIGHTHOUSE ASSEMBLY OF GOD & CHRISTIAN ACADEMY, INC.

Principal Place of Business

Mailing Address

12001 BIG BEND ROAD
RIVERVIEW FL 33569

P.O. BOX 3382
RIVERVIEW FL 33569

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

59-1836019

Applied For

Not Applicable

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

WATSON, GEORGE
12214 BEGIN DRIVE
RIVERVIEW FL 33569

Name

JOHNNY HONAKER

Street Address (P.O. Box Number is Not Acceptable)

4308 BARRETT AVE

City

PLANT CITY

FL

Zip Code

33567

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 JOHNNY HONAKER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

6-17-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WATSON, GEORGE II
STREET ADDRESS 12214 BEGIN DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569 ☒ Delete

TITLE PD
NAME HONAKER, JOHNNY
STREET ADDRESS 4308 BARRETT AVE
CITY-ST-ZIP PLANT CITY FL 33567 ☐ Change ☒ Addition

TITLE SD
NAME WATSON, KALA
STREET ADDRESS 12214 BEGIN DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569 ☒ Delete

TITLE SD
NAME GANLEY, DAVID
STREET ADDRESS 3165 WIGGINS RD
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Change ☒ Addition

TITLE D
NAME EGLI, BOB
STREET ADDRESS 12527 SPOTTSWOOD DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569 ☒ Delete

TITLE D
NAME HONAKER, CECILIA
STREET ADDRESS 4308 BARRETT AVE
CITY-ST-ZIP PLANT CITY FL 33567 ☐ Change ☒ Addition

TITLE D
NAME BREWER, MILDRED
STREET ADDRESS 12208 BULLFROG CREEK RD
CITY-ST-ZIP GIBSONTON FL 33534 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 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:

JOHNNY HONAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-02 (813) 622-0126

Date Daytime Phone #

CR2E037 (9/01)