

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743554

FILED
Apr 27, 2009
Secretary of State

Entity Name: LIGHTHOUSE PRAYER CENTER, INC.

Current Principal Place of Business:

43694 RATLIFF ROAD
CALLAHAN, FL 32011 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2018
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: 59-1840414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DONNA
43464 FREEDOM DRIVE
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, DANIEL
Address: 43464 FREEDOM DRIVE
City-St-Zip: CALLAHAN, FL 32011

Title: STD () Delete
Name: MILLER, DONNA A
Address: 43464 FREEDOM DRIVE
City-St-Zip: CALLAHAN, FL 32011

Title: D () Delete
Name: PAGE, CURTIS
Address: 8654 PINE PARK ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: PD () Delete
Name: HUGHART, DAVID REV
Address: POST OFFICE BOX 2018
City-St-Zip: CALLAHAN, FL 32011

Title: D () Delete
Name: BRAUNER, PAUL
Address: 541552 LEM TURNER RD
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA A. MILLER

STD

04/27/2009

Electronic Signature of Signing Officer or Director

Date