FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **765421** **(3)**

1. Corporation Name

APOSTOLIC LIGHTHOUSE TABERNACLE CHURCH OF DUNEDI N, INCORPORATED

Principal Place of Business	Mailing Address
2801 COUNTY RD.#1 PO BOX 183 DUNEDIN FL 34697-0183	2801 COUNTY RD.#1 PO BOX 183 DUNEDIN FL 34697-0183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2073833 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LAUGHLIN, PAUL R.
1820 SHIRLEY CT.
DUNEDIN FL 34697-7183

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	HATFIELD, DAVID	1.2 NAME	Delete Name	
STREET ADDRESS	132-B W. DOUGLAS RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	LAUGHLIN, PAUL R	2.2 NAME		
STREET ADDRESS	1820 SHIRLEY CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Tr	☒ Change ☐ Addition
NAME	KINNECOM, ROBERT	3.2 NAME		
STREET ADDRESS	2045 LOS LOMAS	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	LAUGHLIN, SHIRLEY	4.2 NAME		
STREET ADDRESS	1820 SHIRLEY CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	Tr	☐ Change ☒ Addition
NAME		5.2 NAME	Dale Fitzpatrick	
STREET ADDRESS		5.3 STREET ADDRESS	966 Crosley Dr.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		6.1 TITLE	Tr	☐ Change ☒ Addition
NAME		6.2 NAME	Lloyd King	
STREET ADDRESS		6.3 STREET ADDRESS	8046 TANTALLON (P.O. BOX 26812) TAMPA, FL 33623-2812	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New Port Richey, FL 34655	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PAUL R. LAUGHLIN Paul R. Laughlin 4/11/95 (813)785-3840
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000880

FEI # 59-207 3833

#65421

just a thought...

FROM APOSTOLIC LIGHTHOUSE TABERNACLE= U.P.C.
2801 COUNTY ROAD 1
P.O. BOX 183
DUNEDIN, FL 34697

To whom It May Concern

We are a Nonprofit 501(c)(3) Corp. thus far not required to pay Supplemental amt of $8.75

Enclosed check for typed fee + Certificate Status ($8.75)