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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 765421 (3)

1. Corporation Name
APOSTOLIC LIGHTHOUSE TABERNACLE CHURCH OF DUNEDIN, INCORPORATED



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

3. Date Incorporated or Qualified 10/11/1982
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2073833 Applied For Not Applicable
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: KING, LLOYD STREET ADDRESS: 8046 TANTALLON CITY-ST-ZIP: NEW PORT RICHEY FL	[X] DELETE	1.1 TITLE: [X] Change [] Addition 1.2 NAME: VICTOR COFFEY 1.3 STREET ADDRESS: 1552 GLEN HOLLOW LN. N. 1.4 CITY-ST-ZIP: DUNEDIN, FL 34698	[X] Change [] Addition
PD NAME: LAUGHLIN, PAUL R STREET ADDRESS: 1820 SHIRLEY CT CITY-ST-ZIP: DUNEDIN FL	[] DELETE	2.1 TITLE: [] Change [] Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	[] Change [] Addition
T NAME: KINNECOM, ROBERT STREET ADDRESS: 2045 LOS LOMAS CITY-ST-ZIP: CLEARWATER FL	[X] DELETE	3.1 TITLE: [X] Change [] Addition 3.2 NAME: LEONARD JOE LESTER 3.3 STREET ADDRESS: 2072 BELLCHER RD. 3.4 CITY-ST-ZIP: CLEARWATER, FL 34624	[X] Change [] Addition
S NAME: LAUGHLIN, SHIRLEY STREET ADDRESS: 1820 SHIRLEY CT CITY-ST-ZIP: DUNEDIN FL	[] DELETE	4.1 TITLE: [] Change [] Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	[] Change [] Addition
T NAME: FITZPATRICK, DALE STREET ADDRESS: 988 CROSLEY DR CITY-ST-ZIP: DUNEDIN FL	[] DELETE	5.1 TITLE: [] Change [] Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	[] Change [] Addition
[] DELETE	[] DELETE	6.1 TITLE: [] Change [] Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	[] Change [] Addition

14. I do 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 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 [Signature] 4/27/97 813-785-3840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0089310

CR2E037 (9/96)