2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90504 015 ****61.25

| DOCUMENT # 765421 1. Entity Name PENTECOSTAL LIGHTHOUSE OF DUNEDIN, INC. | | | | 0. | 5-02-2005 9 | 90504 015 ****61 | 1.25 |
|--|--|--|---|---|--|--|---|
| 2801 COUNTY RD.#1 PO PO BOX 746 280 | | ailing Address O BOX 746 801 COUNTY RD #1 UNEDIN, FL 34697-0746 | | | | | (1) 1) |
| 2. Principal Place of Business 3. M | | Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04282005 C | hg-NP | CR2E037 (10/03) | |
| City & State | | City & State | | 4. FEI Number 59-207383 | 33 | - | ot Applicable |
| Zip | Country | Zip | Country | 5. Certificate of S | 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 Name | | | | | | | |
| FITZPATRICK, DALE 966 CROSLEY DR. DUNEDIN, FL 34698-7183 | | | | 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 | | | | | | | |
| Filling Fee Is \$61.25 9. Election Campaig Due by May 1, 2005 Trust Fund Contril | | | paign Financing _ | \$5.00 May Be | | lake check payable i rida Department of S | |
| 10. | OFFICERS AND DIREC | | 11. | ADDITIONS/CHANG | SES TO OFFICE | RS AND DIRECTORS IN | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LAUGHLIN-SCOTT, SHIRLEY 1500 COUNTY RD #1 LOT 280 DUNEDIN, FL 34698 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | _ | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FITZPATRICK, DALE 966 CROSLEY DR DUNEDIN, FL 34698 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SMITH, KEITH 27466 US HWY 19N CLEARWATER, FL 34621 | ☐ Delete | TITLE NAME STREET ADORESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SCOTT, FORREST 1500 COUNTY ROAD #1 LOT 280 DUNEDIN, FL 34698 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KINNECOM, ROBERT 997 SANTA MONICA CT DUNEDIN, FL 34698 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby | certify that the information supplied with thi | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP the exemption state | Treasurer Wardatr 966 cros Dunedin d in Section 119.07(3)(i), F | to boy | 4698 | Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fronce statutes. I turner certary that the 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 11 if changed, or on an attachment with an address, with all other like empowered.

452-622 Daytime Phone #