

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90050 044 \*\*\*\*61.25

**DOCUMENT # 769636**

1. Entity Name

**LIGHTHOUSE EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business

2951 HESSEY AVE NE  
UNIT 6  
PALM BAY FL 32905  
US

Mailing Address

P O BOX 60201  
PALM BAY FL 32906-0201  
US

**50014157**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2314055**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WHITEHEAD, LUTHER**  
**1753 BIDDLE ST NE**  
**PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name

**Whitehead, Janice**

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

**1753 Biddle St NE**

**Palm Bay, Fl 32907**

City

**Palm Bay**

**FL**

Zip Code

**32907**

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

**Janice Whitehead**

**4 Feb 2005**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WHITEHEAD, LUTHER	
STREET ADDRESS	1753 BIDDLE ST N	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	WHITEHEAD, JANICE	
STREET ADDRESS	1753 BIDDLE ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitehead, Janice	
STREET ADDRESS	1753 Biddle St NE	
CITY-ST-ZIP	Palm Bay, Fl	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Speicher, William	
STREET ADDRESS	3283 Eastman Ave NE	
CITY-ST-ZIP	Palm Bay, Fl	
TITLE	SCTR:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Speicher, Margaret	
STREET ADDRESS	3283 Eastman Ave NE	
CITY-ST-ZIP	Palm Bay, Fl	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Janice Whitehead*

**JANICE WHITEHEAD**

**FEB 11, 2005**

Date

**311-724-2442**

Daytime Phone #