

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90049 003 ****61.25

DOCUMENT # F00000005011

1. Entity Name
THE LIGHTHOUSE PRAISE AND WORSHIP CENTER, INC.

Principal Place of Business Mailing Address
124 W. ERWIN **124 W. ERWIN**
KINGFISHER OK 73750 **KINGFISHER OK 73750**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 73-1207957		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WALL, RANDOLPH 1208 CACTUS ST. KEY LARGO FL 33037				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE _____ DATE _____

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHER, ROBERT E	NAME	
STREET ADDRESS	124 W. ERWIN	STREET ADDRESS	
CITY-ST-ZIP	KINGFISHER OK 73750	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, EDWIN	NAME	
STREET ADDRESS	512 CHISHOLM	STREET ADDRESS	
CITY-ST-ZIP	KINGFISHER OK 73750	CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIS, TIM	NAME	
STREET ADDRESS	RT. 4, BOX 157	STREET ADDRESS	
CITY-ST-ZIP	KINGFISHER OK 73750	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGLE, DAVID	NAME	
STREET ADDRESS	RT. 1, BOX 110	STREET ADDRESS	
CITY-ST-ZIP	DOVER OK 73734	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, DONNA	NAME	
STREET ADDRESS	1203 W. FAY AV.	STREET ADDRESS	
CITY-ST-ZIP	KINGFISHER OK 73750	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Robert E. Shafer* **SIGNATURE REQUIRED** *Robert E. Shafer* Date: **1-10-02** Daytime Phone #: **405-315-6438**

CR2E037 (9/01)