

**2002 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90096 034 \*\*\*\*61.25

**DOCUMENT # N00000003947**

1. Entity Name

**LIGHTHOUSE PRAYER AND HEALING MINISTRIES, INC.**

Principal Place of Business

Mailing Address

7976 - 96TH AVENUE  
 VERO BEACH FL 32958

7976 - 96TH AVENUE  
 VERO BEACH FL 32958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1017655

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDEVOORDE, RENE' G  
 1327 N. CENTRAL AVENUE  
 SEBASTIAN FL 32958

Name **BALKWILL, ELAINE**

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

**7976 96th AVENUE**

City **VERO BEACH**

FL

Zip Code **32958**

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

**ELAINE BALKWILL** *Elaine Balkwill*

**2-20-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$81.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PSD BALKWILL, ELAINE**  
 STREET ADDRESS **7976 - 96TH AVENUE**  
 CITY-ST-ZIP **VERO BEACH FL 32958**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD LYLE, MIKE**  
 STREET ADDRESS **421 GEORGIA BLVD.**  
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD GOUGH, DANIEL**  
 STREET ADDRESS **14460 - 80TH AVENUE**  
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD HAMILTON, MILORED**  
 STREET ADDRESS **124 REGRAVE DR**  
 CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

**MILORED HAMILTON**  
*Milored Hamilton*

**2-20-02**

**561-562-5600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)