
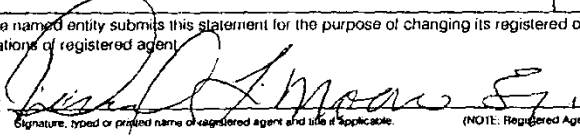
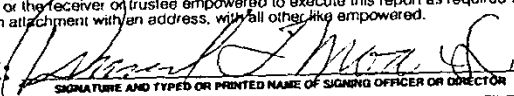


2008 **NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

FILED

08 AUG -7 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004271			
1. Entity Name LIGHT-HOUSE OF HOPE INC			
Principal Place of Business 2715 PRESIDENT ST PALATKA, FL 32177		Mailing Address C/O DURWOOD L MOORE SR 132 CABLE TOWER RD PALATKA, FL 32177	
2. Principal Place of Business 2715 PRESIDENT ST		3. Mailing Address 310 PO BOX	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALATKA FL		City & State PALATKA FL	
Zip 32177		Zip 32178	
Country Dan Tan		Country	
4. FEI Number 55-0799597		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required			
6. Name and Address of Current Registered Agent MOORE, DURWOOD L SR. 132 CABLE TOWER ROAD PALATKA, FL 32177		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE 7-23-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 3, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P MOORE, DURWOOD L SR 132 CABLE TOWER ROAD PALATKA, FL 32177	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 08/12/08--01006--001 **\$61.25 600134355026
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	S MOORE, ETHEL M 806 ST. JOHN AVENUE PALATKA, FL 32177	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VD MOORE, DENNIS 137 CHERRY PALATKA, FL 32177	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D WATERS, WILLIAM N 363 WEST RIVER RD PALATKA, FL 32177	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D MOORE LISA B. 137 CHERRY LA PALATKA, FL 32177	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D ALLEN BLUNT D.R. 120 W. HARBOR DR. PALATKA, FL 32177	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)(f), 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: 		DATE: 7-23-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

KS