


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90205 020 ****70.00

DOCUMENT # N03000011033							
1. Entity Name LIGHTHOUSE POINT OUTREACH CENTER., C.O.G., INC.							
Principal Place of Business 5323 N. DIXIE HWY. DEERFIELD BCH, FL 33064			Mailing Address 5323 N. DIXIE HWY. DEERFIELD BCH, FL 33064				
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 61-1464841 61-1464841 ³	Applied For Not Applicable		
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
SMITH, ALVIN 321 NW 3RD AVE. DEERFIELD BCH, FL 33441			7. Name and Address of New Registered Agent				
			Name				
			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 <i>Alvin Smith, President</i>			DATE 4-23-04				
Filing Fee is \$61.25 Due by May 1, 2004			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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SMITH, ALVIN		NAME				
STREET ADDRESS	321 NW 3RD ST.		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BCH, FL 33441		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SMITH, DOROTHY		NAME				
STREET ADDRESS	5900 NW 14TH ST.		STREET ADDRESS				
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HALL, MELINDA		NAME				
STREET ADDRESS	4795 NW 113TH TERR.		STREET ADDRESS				
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	JACKSON, LARRY		NAME				
STREET ADDRESS	4736 NW 5TH AVE.		STREET ADDRESS				
CITY-ST-ZIP	POMPANO BCH, FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TURNER, ULYSES		NAME				
STREET ADDRESS	488 NW 2ND TERR.		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BCH, FL 33441		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: <i>Alvin Smith, President</i>			DATE 4-23-04		954-421-8251		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		