


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

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

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07022005 No Chg-NP CR2E037 (10/03)
 4. FEI Number: 61-1464841 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SMITH, ALVIN
 321 NW 3RD AVE.
 DEERFIELD BCH, FL 33441

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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: _____ (NOTE: Registered Agent signature required when re-issuing) DATE: _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, ALVIN 321 NW 3RD ST. DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, DOROTHY 5900 NW 14TH ST. LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, MELINDA 4795 NW 113TH TERR. SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, LARRY 4736 NW 5TH AVE. POMPANO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, ULYSES 488 NW 2ND TERR. DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/07/05-80016-005 70.00

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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 filers empowered.

SIGNATURE: *Alvin Smith* 7-3-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #