2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N04000007727

1. Entity Name
LIGHTHOUSE POWER MINISTRIES, INC.

Principal Place of Business	Mailing Address
6011 RODMAN ST 203 MIRAMAR, FL 33023	6040 SW 33RD STREET MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE

04252007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KERR, EASTON M
6040 SW 33RD STREET
MIRAMAR, FL 33023

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KERR, EASTON M
STREET ADDRESS	6040 SW 33RD STREET
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	DV
NAME	KERR, CELIA E
STREET ADDRESS	6040 SW 33RD STREET
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	DS
NAME	JOHNSON, CLAUDETTE
STREET ADDRESS	6040 SW 33RD STREET
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	DT
NAME	KERR, CELIA E
STREET ADDRESS	6040 SW 33RD STREET
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D
NAME	EXCELL, LINDELL M
STREET ADDRESS	6040 SW 33RD STREET
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/07-80018-011 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: E. K 4-26-07 954-966-9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #