

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2009
Secretary of State**

DOCUMENT# N06000001476

Entity Name: LIGHTHOUSE PRIVATE CHRISTIAN ACADEMY INC.

Current Principal Place of Business:

5613 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US

New Principal Place of Business:

Current Mailing Address:

5613 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US

New Mailing Address:

FEI Number: 20-4303536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQ BLVD STE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRIS, JOANNA OWNER
Address: 4805 SOUNDSIDE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: MORRIS, JOANNA
Address: 4805 SOUNDSIDE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: MORRIS, ANTHONY
Address: 4805 SOUNDSIDE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: V () Delete
Name: MIKE, KRUEGER
Address: 5613 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNA MORRIS

MS

02/06/2009

Electronic Signature of Signing Officer or Director

Date