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NONPROFIT CORPORATION ANNUAL REPORT

19967



FLORIDA DEPARTMENTALE STATÉ Sandra B. M. Secretary of

DIVISION OF CORPORATIONS

DOCUMENT # N12005 (7)

Florida Lighthouse Tabernacle Inc

APPROVED

97 FEB 10 AM 9: 42 SECRETARY OF STATE TALLAHASSEE. FLORIDA

	9		,-		•	
Principal Place of Business	Mailing	Address				•
				3. Date Incorporated or Qualified NOV. 8.1985	3a. Date of Last Repo	
2. Principal Place of Business	SPRINTIFIEL 20. Maj	ing Address		4. FEI Number		ed For
11 P.C. BOX 5495 7	19 346/1 26 P	U. Box :	5495	NOT.	Noi A	pplicable
Suite, Apl. W. etc. 22 SPRINGHILL	FLORIDA 27 Suite	e, Apt. #. etc.		6. Certificate of Status Desired	S8.75 Add	
City & State	City	s state	F.L.	Election Campaign Financing     Trust Fund Contribution	\$5.00 Ma	
24 3461/ 25)	Country Hernando 29	461/ 30	Country	8. This corporation has flability for Florida Statutes	intangible tax under s. 19	9.032,
	Address of Current Registered	(	<u> </u>	10. Name and Address of New R		
A 1	0 1		81 Name	Allie Toylor		
Apolzai	n, Pauline Smel DR. Hill, FL. 346		82 Street	Address (P.O. Box Number is Not Accepta	ble)	
71017 7	smel DR.		76			
Socioa 1	Jill EL. 3416	201	83	:		
242	7(11,10 010		64 City	- 12 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Çoy	de
				Spangtlill	FL   85   3948	
<ol> <li>Pursuant to the provisions office or registered agent,</li> </ol>	of Sections 617.0502 and 617.15 or both, in the State of Florida Si	08, Florida Statutes, uch change was aut	, the above-named horized by the cor:	corporation shomits this statement for the poration's board of directors. I hereby access	purpose of changing its re pt the appointment as rec	egistered gi <b>şte</b> red
agent. I am familiar with, ar		<i>r</i> n <i>i</i>			200-100-	OM
SIGNATURE : HILL F	ted name of registered agent and title if applie		PIPESIG	required when reinstating)	OUT OLD	7/_
12.	OFFICERS AND DIRECTOR	S -	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS I	N 12
TITLE BOULLN	C APOLTAN	DELETE	1.1 TITLE	VICE DRESTARNT		Addition
NAME PICTOR	Tame/ - (Deceas	ed S	1.2 NAME   D+	RONNIE CHINNON		
STREET ADDRESS /6//	Jome/= (Decens	in sider	1.3 STREET ADDRESS	12587 MOON 10000	1/12	
CITY-ST-ZIP SPRINGAIC	2 719: 3461/ (		1.4 CITY-ST-ZIP	BROOKVILLE 7LA, 34		
TIMLE CRISS	CARVER	DELETE	2.1 TITLE D	TINANCE SEC	Change L	Addition
NAME (FINANC	ce sect		2.2 NAME	SheryL CLAY	1 1	
STREET ADDRESS   QLQ15	Richborn Rol.		2.3 STREET ADDRESS	7617 Jornel	DULAN	
	ville FL 34601		2.4 CITY-ST-ZIP	SPRINGHILL FLA .	34607	1000000
thurch		DELETE	3.1 TITLE	Coul CANNO	Change	Addition
NAME Kelly CO	Meon Rd.		3.2 NAME	and the same	e de la companya de l	w
CITY-ST-ZIP BLOCKEN	Moon Rd.		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	•		
THE 1 Preside	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE		L_ Change L	Addition
non I I I I I I I I I I I I I I I I I I		_	4. 2 NAME			
STREET ADDRESS Allie TO	XYIOT	j	4.3 STREET ADDRESS		083956- /970114201	
CITY-ST-ZIP Socing to	Aill FL. 34607		4.4 CITY-ST-ZIP	-02/11	/3/~~U1142~~U	UZ
TITLE 7 3		DELETE	5.1 TITLE		DATES TANKED	A6dillon
NAME			5.2 NAME			
STREET ADDRESS	•		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE	<b>1 1 2 3 3</b>	Change L	Addition
NAME			6.2 NAME	' '	<b>}</b> /\*`'	
STREET ADDRESS			6.3 STREET ADDRESS			
City-St-ZiP	information or unalized with their 190	ng in unhimbosik f	6.4 CITY-ST-ZIP	t qualify for the avamation stated in Casting	110 07/3V/k) Florido Oto	tutee !
further certify that the inforr	mation indicated on this annual re	aport or supplément	al annual report is	t qualify for the exemption stated in Section true and accurate and that my signature si	nali have the same legal e	effect as if
made under oath; that I am	n an officer or director of the corp Block 12 or Block 13 if_changed_c	oration or the receiv	er or trustee empo	owered to execute this report as required b	y Chapter 617, Florida Sta	atutes; and
	May Pollie		las	1-man/2	59-596-00	45
SIGNATURE:	O(et all	1000	<i>, , , , , , , , , ,</i>			
SK SK	GNATURE AND TYPED OR PRINTED NAME	OF SIGNING OFFICER OF	DIRECTOR	Dale	Daytime Phone #	_