

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12005** (7)

1. Corporation Name

**FLORIDA LIGHTHOUSE TABERNACLE, INC.**

Principal Place of Business

Mailing Address

**P. O. BOX 5495  
SPRING HILL FL 34606**

**P. O. BOX 5495  
SPRING HILL FL 34606**

3. Date Incorporated or Qualified

**11/08/1985**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

24

29

Country

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYLOR, ALLIE  
7617 JAMEL DR  
SPRINGHILL FL 34607**

81 Name

**Taylor, Allie**

82 Street Address (P.O. Box Number is Not Acceptable)

**7617 Jamel DR.**

83

84 City

**Spring Hill**

**FL**

85 Zip Code

**34607**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**ALLIE TAYLOR - PASTOR & President**

**4-14-98**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD  
TAYLOR, ALLIE  
7617 JAMEL DR  
SPRINGHILL FL 34607**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**(Address correction) ☒ Change ☐ Addition  
TAYLOR, Allie  
7617 Jamel DR  
Spring Hill, FL. 34607**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DV  
CANNON, RONNIE  
12537 MOON ROAD  
BROOKSVILLE FL 34613**

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DFS  
CLAY, SHERYL  
7617 JAMEL  
SPRINGHILL FL 34607**

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

**(Address correction) ☒ Change ☐ Addition  
Clay, Sheryl  
7617 Jamel DR.  
Spring Hill, FL. 34607**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
CANNON, KELLY  
12537 MOON RD  
BROOKSVILLE FL 34613**

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Allie Taylor, D.D.**

**4-14-98 (352) 596-00**

CR2E037 (10/97)