2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N12005

1. Entity Name
FLORIDA LIGHTHOUSE TABERNACLE, INC.

Principal Place of Business	Mailing Address
8400 COMMERCIAL WAY WEEKI WACHEE, FL 34613 US	P.O. BOX 5238 SPRING HILL, FL 34611 US

01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

CANNON, RONNIE
12537 MOON RD.
BROOKSVILLE, FL 34613

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000119117
04/19/04-80087-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CANNON, RONNIE
STREET ADDRESS	12537 MOON ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	D
NAME	SIPALA, THELMA
STREET ADDRESS	9402 MISSISSIPPI RUN
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	D
NAME	KLUGEWICZ, STAN
STREET ADDRESS	3291 GRAYTON DRIVE
CITY-ST-ZIP	BROOKSVILLE, FL 34609
TITLE	VD
NAME	CANNON, KELLY A
STREET ADDRESS	12537 MOON ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: Ronnie Cannon Ronnie Cannon 4-16-04 352-597-3622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #