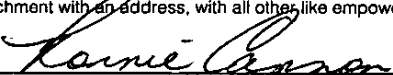


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90047 009 ****61.25

DOCUMENT # N12005 1. Entity Name FLORIDA LIGHTHOUSE TABERNACLE, INC.					
Principal Place of Business 8400 COMMERCIAL WAY WEEKI WACHEE, FL 34613 US			Mailing Address P.O. BOX 5238 SPRING HILL, FL 34611 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2902490	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CANNON, RONNIE 12537 MOON RD. BROOKSVILLE, FL 34613				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CANNON, RONNIE		NAME		
STREET ADDRESS	12537 MOON ROAD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34613		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	SIPALA, THELMA		NAME	Dorothy Klugewicz	
STREET ADDRESS	9402 MISSISSIPPI RUN		STREET ADDRESS	3291 Grayton Dr.	
CITY-ST-ZIP	BROOKSVILLE, FL 34613		CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KLUGEWICZ, STAN		NAME		
STREET ADDRESS	3291 GRAYTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34609		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CANNON, KELLY A		NAME		
STREET ADDRESS	12537 MOON ROAD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34613		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-14-05 Daytime Phone # (352) 597-3622		