FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20246

1. Corporation Name
Lighthouse of God in Christ, INC.

Principal Place of Business
26740 SW. 138 Ct., Naranja, FLA. 33032

Mailing Address
P.O. BOX 924853 Princeton, FL. 33092

3. Date Incorporated or Qualified: April 21, 1987
3a. Date of Last Report: March 10, 1995

21 2. Principal Place of Business: 26740 SW. 138 Ct.,
22 Suite, Apt. #, etc.:
23 City & State: Naranja, FLA.
24 Zip: 33032 25 Country: USA

26 2a. Mailing Address: P.O. Box 924853
27 Suite, Apt. #, etc.:
28 City & State: Princeton, FLA.
29 Zip: 33092 30 Country: USA

4. FEI Number: 59-2803609 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ — **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

Arlene B. Lawton
8303 SW. 142 Ave, # D102
Miami, FLA. 33183.

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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: Arlene B. Lawton (Pastor/Director) DATE: 6-17-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director (PASTOR) Arlene B. Lawton 8303 SW. 142 ave # D102 Miami, FLA. 33183	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T (Treasurer) Monica A. Walker 15731 SW. 106 Ave., Miami, FLA. 33157	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon Carl Lee 26505 SW. 139 Ave., Naranja, FLA. 33032	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T (FINANCIAL Bookkeeper) Deidre Rackley 8520 Sherman Circle North, Miramar, FLA. 33025.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FINANCIAL Secretary Barbara Booker 3724 Oak Ave., Miami, FLA. 33133.	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Pastor's Secretary Sharon Milton 11345 SW. 190 LANE Miami FLA. 33157.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Member- Elizabeth Watts 22726 SW. 113 Ct Goulds, FL. 33170	☐ 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	700001879527 -06/28/96--01073--026 ***70.00	☐ 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	06-28-96 OK	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Arlene B. Lawton Arlene B. Lawton (Director) 6-17-96 305-382-4776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #