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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20246 (7)

1. Corporation Name
LIGHTHOUSE OF GOD IN CHRIST, INC.



Principal Place of Business 26740 SW 138 CT NARANJA FL 33032 US	Mailing Address P.O. BOX 824853 PRINCETON FL 33092-4853 US
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3. Date Incorporated or Qualified 04/21/1987	3a. Date of Last Report 06/28/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2803609	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LAWTON, ARLENE
8303 SW 142 AVE
#D 102
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name **Arlene B. Lawton**
 82 Street Address (P.O. Box Number is Not Acceptable)
16922 SW. 113 CT
 83
 84 City **Miami** FL 85 Zip Code **33157**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAWTON, ARLENE BROWN	
STREET ADDRESS	8303 SW 142ND AVE #D102	
CITY-ST-ZIP	KENDALL FL 33183	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILTON, SHARON	
STREET ADDRESS	11345 SW 190 LN	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RACKLEY, DEDRIE	
STREET ADDRESS	8520 SHERMAN CIR N	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	M	<input type="checkbox"/> DELETE
NAME	WATTS, ELIZABETH ANN	
STREET ADDRESS	22725 SW 113 CT	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALKER, MONICA A	
STREET ADDRESS	15731 SW 106 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, CARL	
STREET ADDRESS	26503 SW 139 AVE	
CITY-ST-ZIP	NARANJA FL 33032	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	16922 SW. 113 CT.
1.4 CITY-ST-ZIP	Miami, FL 33157
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5905 Washington St. #240
3.4 CITY-ST-ZIP	Hollywood, FL 33025
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	10535 SW. 216 St. #E
5.4 CITY-ST-ZIP	Miami, FL 33190.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	500002086405
6.4 CITY-ST-ZIP	-02/13/97--01015--050 ***70.00

14. I do 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: Arlene B. Lawton Feb 4-97-305-235-4524
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026371

CR2E037 (9/96)