

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 17 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 # N20246 (7)**  
 1. Corporation Name  
**LIGHTHOUSE OF GOD IN CHRIST, INC.**



Principal Place of Business <b>26740 SW 138 CT NARANJA FL 33032 US</b>	Mailing Address <b>P.O. BOX 924853 PRINCETON FL 33092 US</b>
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3. Date Incorporated or Qualified <b>04/21/1987</b>	Applied For Not Applicable
4. FEI Number <b>59-2803609</b>	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**LAWTON, ARLENE**  
**16922 SW 113 CT**  
**MIAMI FL 33157**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWTON, ARLENE BROWN</b>	1.2 NAME	
STREET ADDRESS	<b>16922 SW 113 CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILTON, SHARON</b>	2.2 NAME	
STREET ADDRESS	<b>11345 SW 190 LN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RACKLEY, DEDRIE</b>	3.2 NAME	
STREET ADDRESS	<b>5905 WASHINGTON ST #240</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33025</b>	3.4 CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATTS, ELIZABETH ANN</b>	4.2 NAME	
STREET ADDRESS	<b>22725 SW 113 CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GOULDS FL 33170</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, MONICA A</b>	5.2 NAME	
STREET ADDRESS	<b>10535 SW 216 ST #E</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33190</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, CARL</b>	6.2 NAME	
STREET ADDRESS	<b>26503 SW 139 AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NARANJA FL 33032</b>	6.4 CITY-ST-ZIP	

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: *Arlene B. Lawton* **Feb 11-98**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # \_\_\_\_\_

CR2E037 (10/97)