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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N20246

1. Corporation Name

LIGHTHOUSE OF GOD IN CHRIST, INC.				
Principal Place 26740 SW 13 NARANJA FL US		Mailing Address P.O. BOX 924853 PRINCETON FL 3309 US	2	
2. Principal F	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed
21		26		04/21/1987
Suite, Apt	t. #, etc.	Suite, Apt. #, etc	سپ سسب ، به د د د	-4. FE! Number Applied For Not Applicable
City & Sta	270	27 City & State		\$8.75 Additional
23	310	28		5. Certificate of Status Desired Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing \$5.00 May Be
24	25	29	30	Trust Fund Contribution Added to Fees
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent
:				HIPPIRE LUWION LADIS
LAWTON, ARLENE			82 Stree	Address (P.O., Box Number is Not Acteptable)
16922 SW 113 CT				
MIAMI FL 33157				
		e .	84 City	miam, FL 85 399 La
11. Pursuan	t to the provisions of Sections 617.0	502 and 617.1508, Florida 5	Statutes, the above-name	corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State	ie of Florida. Such change vinations of Section 617,050	was authorized by the cor 3. Florida Statutes.	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
		juliona on, document or mode	0 1 (10.100	·
SIGNATURE	Signature, typed or printed name of registered a		(NOTE: Registered Agent signature	required when reinstating) DATE
12.		AND DIRECTORS	,13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELE		ordene Lawton Dais
NAME	LAWTON, ARLENE BROWN		1.2 NAME	Arlene Lawton Davis
STREET ADDRESS	I .		1.3 STREET ADDRES	miam Fla 33142
CITY-ST-ZIP	MIAMI FL 33157	☐ DELE	1.4 CITY-ST-ZIP TE 2.1 TITLE	Change Addition
TITLE	S MILTON, SHARON		2.1 IIILE 2.2 NAME	, , , , , , , , , , , , , , , , , , , ,
NAME	44045 001 400 131		2.3 STREET ADDRES	
STREET ADDRESS	MIAMI FL 33157	ہست نے دہ	2.4 CITY-ST-ZIP	and the same and t
CITY-ST-ZIP	T	I DECE		member o 1/2 Change Addition
NAME	RACKLEY, DEDRIE		3.2 NAME	member Smith Change Addition
STREET ADDRESS	FORE THE OURSE CT AND)	3.3 STREET ADDRES	15861.3.W 104AVE
CITY-ST-ZIP	HOLLYWOOD FL 33025		3.4. CITY-ST-ZIP	m/ami +/4 3357
TITLE	M	☐ DELE		☐ Change ☐ Addition
NAME	WATTS, ELIZABETH ANN		4. 2 NAME	
STREET ADDRESS	ADTOC 0144 440 AT		4.3 STREET ADDRES	s
CITY-ST-ZIP	GOULDS FL 33170		4.4 CITY-ST-ZIP	
TIME	Т	☐ DELE	TE 5.1 TITLE	V.PD Addition
NAME	WALKER, MONICA A		5.2 NAME	WAIKET Monica A #17
STREET ANDRESS	s 10535 SW 216 ST #F		5.3 STREET ADDRES	15601 5.W. 10/1406 "''

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.3 STREET ADDRESS

W Jami

5.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

10535 SW 216 ST #E

MIAMI FL 33190

26503 SW 139 AVE

LEE, CARL

☐ DELETE

FILED

03-30-1999 90049 036 ****70.00

Mar 30, 1999 8:00 am § Secretary of State

☐ Addition