

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90010 046 ****70.00

DOCUMENT # N20246

1. Entity Name

LIGHTHOUSE OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

26740 SW 138 CT
 NARANJA FL 33032
 US

P.O. BOX 924853
 PRINCETON FL 33092-4853
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2803609

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ARLENE LAWTON
1295 NW 41ST
MIAMI FL 33142

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, ARLENE LAWTON	
STREET ADDRESS	1295 NW 41ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILTON, SHARON	
STREET ADDRESS	11345 SW 190 LN	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GREGORY	
STREET ADDRESS	15861 SW 104 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	M	<input type="checkbox"/> Delete
NAME	WATTS, ELIZABETH ANN	
STREET ADDRESS	22725 SW 113 CT	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, MONICA A	
STREET ADDRESS	15601 SW 137 AVE #17	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, BROOK CARL JR	
STREET ADDRESS	13031 SW 260ST	
CITY-ST-ZIP	NARANJA FL 33030	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walker, Monica A	
STREET ADDRESS	15601 S.W. 137 AVE #17	
CITY-ST-ZIP	MIAMI FL. 33177	
TITLE	E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Charles	
STREET ADDRESS	1295 NW 41 ST	
CITY-ST-ZIP	Miami FL. 33142	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, Elizabeth Ann	
STREET ADDRESS	16744 S.W. 99 CT	
CITY-ST-ZIP	Perrine FL. 33157	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Betty J.	
STREET ADDRESS	17860 S.W. 111 AVE.	
CITY-ST-ZIP	Miami, FL. 33157	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee, Brook CARL JR.	
STREET ADDRESS	28018 S.W. 141 PL.	
CITY-ST-ZIP	Hornestead, FL. 33033	

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2000 305-633-7876
 Date Daytime Phone #

CR2E037 (9/99)