

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90016 019 \*\*\*\*70.00



**DOCUMENT # N20246**  
1. Entity Name  
**LIGHTHOUSE OF GOD IN CHRIST, INC.**

Principal Place of Business: **26740 SW 138 CT, NARANJA FL 33032 US**  
Mailing Address: **1295 NW 41 STREET, MIAMI FL 33142 US**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address:  
Suite, Apt. #, etc.

City & State  
Zip Country

1st MOORE CR2E037 (10/07)  
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  
**DAVIS, ARLENE LAWTON  
1295 NW 41ST  
MIAMI FL 33142**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: DAVIS, ARLENE LAWTON STREET ADDRESS: 1295 NW 41ST CITY-ST-ZIP: MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE: S NAME: WHITE, BETTY J STREET ADDRESS: 17860 SW 111 AVE CITY-ST-ZIP: MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE: AS NAME: DAVIS, CHARLES STREET ADDRESS: 1295 NE 41ST ST CITY-ST-ZIP: MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE: M NAME: WATTS, ELIZABETH ANN STREET ADDRESS: 15024 SW 303ST CITY-ST-ZIP: HOMESTEAD FL 33032	<input type="checkbox"/> Delete
TITLE: VPD NAME: LAWTON, MONICA A STREET ADDRESS: 13911 SW 122 AVE. CITY-ST-ZIP: MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE: D NAME: SMITH, GREGORY STREET ADDRESS: 19712 SW 121 AVE CITY-ST-ZIP: MIAMI FL 33177	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Bishop NAME: Eugene Buchanan STREET ADDRESS: 10120 SW 131 ST CITY-ST-ZIP: MIAMI, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Rogers, Monica STREET ADDRESS: 11140 SW 176 ST CITY-ST-ZIP: MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Arlene B. Davis* Arlene B. Davis 7-18-08 - 305-633-7876