

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90031 022 \*\*\*\*61.25

**DOCUMENT # N27982**

1. Entity Name

**LIGHTHOUSE HOLYGHOST CENTER, INC.**

Principal Place of Business

Mailing Address

2405 NW 160TH ST.  
 OPA-LOCKA FL 33054

2405 NW 160TH ST.  
 OPA-LOCKA FL 33054

0 4 3 0 2 9



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MORGAN, CHARLES O. JR.**  
**1300 N.W. 167TH STREET**  
**MIAMI FL 33169**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	DAVIS, DELORIS	2405 NW 160TH ST.	OPA-LOCKA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	JONES, CEDRICKA	14415 N.W. 20 AVE.	OPA-LOCKA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	HARRIS, RUTHIE	16430 NW 18TH PLACE	OPA-LOCKA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TR	PHILLIPS, LOLLIE MAE	16240 N.W. 19 AVE.	OPA-LOCKA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Deloris Davis* **REQUIRED**

4/3/02

305628-2231

CR2E037 (9/01)