

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N35522** (4)

1. Corporation Name  
**LIGHTHOUSE CHRISTIAN FELLOWSHIP, INC., INTERNATI  
ONAL**

Principal Place of Business Mailing Address  
**% KNOVACK G. JONES** **% KNOVACK G. JONES**  
**155 SOUTH MIAMI AVE PH 1** **155 SOUTH MIAMI AVE PH 1**  
**MIAMI FL 33130** **MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/06/1989** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **59-2991405** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21.  26. **P.O. BOX 76105**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22.  27.   
City & State City & State  
23.  **TAMPA, FL**  
Zip Country Zip Country  
24.  25.  **33675** 29.  30. **HILLSBOROUGH**

5. Certificate of Status Desired  **\$0.75 Additional  
Fee Required**  
6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be  
Added to Fees**  
7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status  **\$68.75 Supplemental  
Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JONES, KNOVACK G.**  
**290 N. W. 185TH STREET**  
**SUITE P250**  
**MIAMI FL FL 33169**

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 607.0502 and 607.1508, 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 its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>
NAME	<b>BOLDEN, REV. WILLIE</b>
STREET ADDRESS	<b>8322 N HIGHLAND PLACE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>STD</b>
NAME	<b>STONOM, CHESTER E. (REV)</b>
STREET ADDRESS	<b>1960 BYRAM DR.</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>VD</b>
NAME	<b>BOLDEN, GLENDA (REV)</b>
STREET ADDRESS	<b>8322 N HIGHLAND PL</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Joan GANNIS</b>
2.3 STREET ADDRESS	<b>15144 BIRCHDALE</b>
2.4 CITY - ST - ZIP	<b>TAMPA, FL 33629</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Glenda Bolden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ System/Version # \_\_\_\_\_