

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36985

FILED
Apr 01, 2009
Secretary of State

Entity Name: LIGHTHOUSE CATHEDRAL, INC.

Current Principal Place of Business:

% RALPH A. HOWELL
3265 NW 80 TER
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

% RALPH A. HOWELL
3265 NW 80 TER
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-0187909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, RALPH A.
3265 NW 80 TER
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWELL, RALPH A.,
Address: 3265 NW 80 TER
City-St-Zip: MIAMI, FL

Title: STD () Delete
Name: ALEXANDER, WILLIE C.,
Address: 3502 NW 176 TER
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: PENNIE, ELLA MAE,
Address: 1755 NW 91 ST
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: JONES, SARAH F.,
Address: 4781 NW 31 CT
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: HOWELL, ARLENE,
Address: 3265 NW 80 TER
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH A. HOWELL

MR

04/01/2009

Electronic Signature of Signing Officer or Director

Date