FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

Principal Place of Business

2. Principal Place of Business

CHO, TANK VIIN

1000 MT. AIRY AVENUE LAKELAND FL 33801

Suite, Apt. #, etc.

City & State

21

23

24

Zip

(4)

Mailing Address

1000 MT. AIRY AVENUE LAKELAND FL 33801

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

LIGHTHOUSE BAPTIST CHURCH OF LAKELAND, INC.

Country

9. Name and Address of Current Registered Agent

25

Jan 28 1998 8:00am								
Secretary of State								

EII ED

☐ Yes ☐ No

7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

✓ Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 06/05/1991

59-3065477

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

3259 BIG VALLEY DR. LAKELAND FL 33813			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			83						\neg
	-		84	City		85	Zip C	ode	-
			0.4	City	FL	65	Zip C	ode	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTOR		13.	iit signature	ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTORS	IN 12	_િફ
TITLE	DP	DELETE	1.1 TITLE				ange	Additio	
NAME	CHO, TANG-YUN		1,2 NAME						1
STREET ADDRESS	3259 BIG VALLEY DR.		1.3 STREET	ADDRESS					
CITY-SI-ZIP	LAKELAND FL		1.4 CITY-S	T-ZIP					
TITLE	DS	☐ DELETE	2.1 TITLE			Ct	ange	Additio	<u>ت ا</u> ت
NAME	PARKER, CARROLL H.		2.2 NAME						
STREET ADDRESS	250 FLEETWOOD AVE.	,	2.3 STREET	ADDRESS					
CITY-ST-ZIP	BARTOW FL	/	2. 4 CITY-5	ST-ZIP					1
TITLE	DT	✓ DELETE	3.1 TITLE			Ct	ange	Additio	n
NAME	SINGLETARY, YOUNG S.		3.2 NAME	ĺ					ĺ
STREET ADDRESS	400 W. BEACON #703		3.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL		3.4. CITY-5	ST-ZIP					
TITLE	SD	DELETE	4,1 TITLE			Ct	ange	Additio	n]
NAME	HICKEY, KYONG C		4. 2 NAME						-
STREET ADDRESS	511 GARDEN DR N		4.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33813		4.4 CITY - S	T-ZIP					J
TITLE		☐ DELETE	5.1 TITLE			Ct	ange	Additio	រា
NAME			5.2 NAME	-					-
Street address			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	<u>T-</u> ZIP					╝
TITLE		DELETE	6.1 TITLE		-	Cr	ange	Additio	п
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					ļ
CITY-ST-ZIP			6.4 CITY~S						
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental affinual 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: 1-18-98 941-665-5231									

Country

Name

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