2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N43701

1. Entity Name
LIGHTHOUSE BAPTIST CHURCH OF LAKELAND, INC.

Principal Place of Business	Mailing Address
5440 US HWY 98 N LAKELAND, FL 33809	5440 US HWY 98 N LAKELAND, FL 33809

02032005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3065477
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIM, KWANG N
3673 HERON DR
MELBOURNE, FL 32901

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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: Kwang N Kim Feb 06 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EOM, KI Y
STREET ADDRESS	4523 OAK GLEN RD
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	PARKER, CARROLL
STREET ADDRESS	195 FLEETWOOD AVE.
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	S
NAME	JACKSON, YONG A
STREET ADDRESS	486 SHANKIN RD
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	ROE, BOK C
STREET ADDRESS	5022 FAIRFAX DR E
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	BURNSEED, NOLA
STREET ADDRESS	917 HANOVER WAY
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	T
NAME	KWON, SANG H
STREET ADDRESS	1920 E. EDGEWOOD DR.
CITY-ST-ZIP	LAKELAND, FL 33803

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02/09/05-80033-024 61.25

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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: 2/5/05 (863)619-8392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #