

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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Suzanne H. McInerney
Secretary of State
Division of CORPORATIONS

APPROVED AND FILED

MAY 1 1995 14 8:59

SECRETARY OF STATE
TRAIL PALACE, FLORIDA

DOCUMENT # **N94000005192 (9)**
1. Corporation Name:
LIGHTHOUSE INTERNATIONAL FELLOWSHIP, INC.

Principal Place of Business Mailing Address
35429 MARGUERITE AVE FRUITLAND PARK FL 34731 **35429 MARGUERITE AVE FRUITLAND PARK FL 34731**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/20/1994	3a. Date of Last Report N/A
4. FEI Number 59-3277934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199(3)(2), Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. 1 North Prescott St. Suite, Apt # etc	2a. Mailing Address 26. P.O. Box 1480 Suite, Apt #, etc
22. City & State Eustis, FL	27. City & State Eustis, FL
24. Zip 32727	25. Country USA
29. Zip 32727	30. Country USA

9. Name and Address of Current Registered Agent
**SPIRES, REGINALD W
35429 MARGUERITE AVE
FRUITLAND PARK FL 34731**

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

SIGNATURE _____
(Signature: Type the printed name of registered agent and the corporation. Name of Registered Agent (signature required after mandatory)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD SPIRES, REGINALD W 35429 MARGUERITE AVE FRUITLAND PARK FL 34731
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD SPIRES, REBECCA B 35429 MARGUERITE AVE FRUITLAND PARK FL 34731
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD COMBS, RONALD 507 GEORGIA AVE ST. CLOUD FL 34709
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D MARTIN, DAVID W 34425 BLACK BASS CIR FRUITLAND PARK FL 34731
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VD BRDWN, CLINT
23 STREET ADDRESS	4365 Kennedy Rd
24 CITY, ST, ZIP	Orlando, FL 32812
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	STD COMBS, RONALD
33 STREET ADDRESS	1504 Cypress Woods Cir.
34 CITY, ST, ZIP	St. Cloud, FL 34772
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(a), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
Date
904 365 1613
Telephone #

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **N94000005211 (7)**

1. Corporation Name

TAMPA REFORMED BAPTIST CHURCH, INC.

APR 11 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3915 N TAMPA STREET TAMPA FL 33603	% PASTOR GARY CARTER 1014 E. COMANCHE AVENUE TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/17/1994	10-17-94
4. FEI Number	Applied For
59-326-9551	Not Applicable
5. Certificate of Status Desired	\$8.75 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 § 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

CARTER, GARY L PASTOR
1014 E. COMANCHE AVENUE
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 officer 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (print or printed name of registered agent and the corporation) (NOTE: Registered agent signature required after reorganization)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CARTER, GARY L	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	% 3915 NORTH TAMPA STREET	12 NAME	
STREET ADDRESS	TAMPA FL 33603	13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	SD BOOKAMER, JAMES B	21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	% 3915 NORTH TAMPA STREET	22 NAME	COOPER, William L.
STREET ADDRESS	TAMPA FL 33603	23 STREET ADDRESS	6019 N. Coolidge Ave.
CITY, ST, ZIP		24 CITY, ST, ZIP	TAMPA, FL. 33614
TITLE	TD ROBINSON, WILLIAM T JR.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	% 3915 NORTH TAMPA STREET	32 NAME	
STREET ADDRESS	TAMPA FL 33603	33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary L. Carter* Pastor
GARY L. CARTER, PASTOR
4-28-95
237-2383
Date Notary Public