

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 5-2-96 4561-8

DOCUMENT # N94000005192 (9)

1. Corporation Name
LIGHTHOUSE INTERNATIONAL FELLOWSHIP, INC.



Principal Place of Business: 1 NORTH PRESCOT STREET, EUSTIS FL 32727, US
Mailing Address: P.O. BOX 1480, EUSTIS FL 32727, US

3. Date Incorporated or Qualified: 10/20/1994
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3277934	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip		Country		<input type="checkbox"/>	
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip		Country		<input type="checkbox"/>	
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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: DAVID W. MARTIN
82 Street Address (P.O. Box Number is Not Acceptable): 2681 E. WASHINGTON #16
83
84 City: EUSTIS FL 85 Zip Code: 32726

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: *DAVID MARTIN* DAVID MARTIN 5/12/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SPIRES, REGINALD W	
STREET ADDRESS	35429 MARGUERITE AVE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, CLINT	
STREET ADDRESS	4365 KENNEDY ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	COMBS, RONALD	
STREET ADDRESS	1504 CYPRESS WOODS CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, DAVID W	
STREET ADDRESS	34425 BLACK BASS CIR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID W. MARTIN	
1.3 STREET ADDRESS	2681 E. WASHINGTON #16	
1.4 CITY-ST-ZIP	EUSTIS, FL 32726	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANIEL WHITE	
2.3 STREET ADDRESS	21251 FROMAGE WAY	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID W MARTIN SR.	
3.3 STREET ADDRESS	2013 GEMINI DR.	
3.4 CITY-ST-ZIP	BASTROP, LA 71220	
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 119.07(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: *DAVID MARTIN* DAVID MARTIN 5/12/96 (352) 357-9673
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)