


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90084 005 ****70.00

DOCUMENT # N96000002431					
1. Entity Name LIGHTHOUSE INTERNATIONAL WORSHIP CENTER ASSEMBLIES OF GOD, INC.					
Principal Place of Business 650 NW AIROSO BLVD PORT ST. LUCIE, FL 34983			Mailing Address 650 NW AIROSO BLVD PORT ST. LUCIE, FL 34983		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 31-1468008				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRACERO, ANGEL L JR 650 NW AIROSO BLVD PORT SAINT LUCIE, FL 34983			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ <small>Signature, hand or printed name of registered agent with title (Applicable), (FEI) Registered Agent's name (required when changing)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> De'te	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add'tion
NAME	BRACERO, ANGEL L JR		NAME	NORMA MONTANEZ	
STREET ADDRESS	626 SW BACON TERRACE		STREET ADDRESS	745 CONESTEE DEWE	
CITY-ST-ZIP	PT ST LUCIE, FL 34953		CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	ST	<input type="checkbox"/> De'te	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add'tion
NAME	VELAZQUEZ, OLGA		NAME	RAMON PINEIRO	
STREET ADDRESS	1692 SE PORTILLO RD		STREET ADDRESS	17 BEACH AVE	
CITY-ST-ZIP	PT ST LUCIE, FL 34952		CITY-ST-ZIP	PORT ST LUCIE, FL 34983	
TITLE	D	<input type="checkbox"/> De'te	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add'tion
NAME	BRACERO, ANNETTE		NAME	ERIK RIOS	
STREET ADDRESS	626 SW BACON TERRACE		STREET ADDRESS	2201 SW 28th ST Apt 100-E	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP	ORLEANS, FL 34974	
TITLE	D	<input type="checkbox"/> De'te	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add'tion
NAME	CORTES, REGULO		NAME	IRIS RIVERA	
STREET ADDRESS	4240 SW CALLICOE ST		STREET ADDRESS	642 SW Addie St	
CITY-ST-ZIP	PORT ST LUCIE, FL 34953		CITY-ST-ZIP	PORT ST LUCIE, FL 34983	
TITLE	D	<input checked="" type="checkbox"/> De'te	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add'tion
NAME	RIVERA, RUBEN		NAME	CARLOS SOLANO	
STREET ADDRESS	2379 SW KENT CIRCLE		STREET ADDRESS	4401 SW BABYLON ST	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP	PORT ST LUCIE, FL 34953	
TITLE	D	<input checked="" type="checkbox"/> De'te	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add'tion
NAME	FONSECA, MIGUEL		NAME	FREDERICK TORRES	
STREET ADDRESS	173 NW SWAN MILL CIRCLE		STREET ADDRESS	652 SW PRADO AVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		CITY-ST-ZIP	PORT ST LUCIE, FL 34983	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Angel L. Bracero</u> Angel L. Bracero 2/13/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE</small>					

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