

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90214 004 ****70.00

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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

10066447



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1468008**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$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
610 SE FORGAL ST
PORT SAINT LUCIE FL 34983

Name
Street Address (P.O. Box Number is Not Acceptable)
City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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"/> Delete
NAME	BRACERO, ANGEL L JR	
STREET ADDRESS	626 SW BACON TERRACE	
CITY-ST-ZIP	PT ST LUCIE FL 34953	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, OLGA	
STREET ADDRESS	1692 SE PORTILLO RD	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRACERO, ANNETTE	
STREET ADDRESS	626 SW BACON TERRACE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLON, LUIS	
STREET ADDRESS	1891 SE MANTH LANE	
CITY-ST-ZIP	PORT ST LUCIE FL 34954	
TITLE	D	<input type="checkbox"/> Delete
NAME	IRIZZARY, MILDRED	
STREET ADDRESS	1302 RUSHING LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, RICHARD	
STREET ADDRESS	781 NW GRANADA ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBEN RIVERA	
STREET ADDRESS	2379 SW KENT CIRCLE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **NO SIGNATURE REQUIRED**

4/7/03 3568228

CR2E037 (10/02)