

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90008 013 \*\*\*\*70.00

0010404

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N97000003321

1. Corporation Name  
**LIGHTHOUSE OUTREACH MINISTRY, INC.**

Principal Place of Business: 2402 HWY 90 W, DEFUNIAK SPRINGS FL 32433 US  
 Mailing Address: P O BOX 456, DEFUNIAK SPRINGS FL 32435



21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/09/1997	
22	City & State	27	City & State	4.	FBI Number	Applied For
	Zip	28	Zip		59-3449150	Not Applicable
23	Country	29	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
		30			<input checked="" type="checkbox"/>	
24				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVIS, MARK D 694 BALDWIN AVE SUITE 3 DEFUNIAK SPRINGS FL 32433				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCORMICK, KATHALYN			1.2 NAME			
STREET ADDRESS	2402 HWY 90 W			1.3 STREET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCORMICK, JAMES EDWARD			2.2 NAME			
STREET ADDRESS	2402 HWY 90 W			2.3 STREET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCORMICK, JAMES ERIC			3.2 NAME			
STREET ADDRESS	2402 HWY 90 W			3.3 STREET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *Kathalyn McCormick* **SIGNATURE REQUIRED** Date: 4-21-99 Daytime Phone #: 850-892-2320

CR2E037 (11/98)