

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90137 016 \*\*\*\*61.25

**DOCUMENT # N97000003321**

1. Entity Name

**LIGHTHOUSE OUTREACH MINISTRY, INC.**

*CONTINENTAL WORSHIP CENTER*

Principal Place of Business

Mailing Address

2402 HWY 90 W  
 DEFUNIAK SPRINGS FL 32433  
 US

P O BOX 456  
 DEFUNIAK SPRINGS FL 32435-0456



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*2132 Hwy 90 W*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*DEFUNIAK SPRINGS*

City & State

*FL*

4. FEI Number

**59-3449150**

Applied For

Not Applicable

Zip

Country

*32433*

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

**DAVIS, MARK D**  
**694 BALDWIN AVE**  
**SUITE 3**  
**DEFUNIAK SPRINGS FL 32433**

Name

*WAYNE WILLIAMSON, ATTY.*

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

*1020 S. FERDON BLVD.*

City

*CRESTVIEW*

FL

Zip Code

*32536*

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.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCCORMICK, KATHALYN 2402 HWY 90 W DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCORMICK, JAMES EDWARD 2402 HWY 90 W DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCCORMICK, JAMES ERIC 2402 HWY 90 W DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kathalyn McCormick* **KATHALYN McCormick** *4-27-00* *850-892-5524*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 DS

CR2E037 (9/99)