


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 08:00 AM
Secretary of State

| | | |
|---|--------------------|--|
| DOCUMENT # N99000003763 1. Entity Name THE LIGHTHOUSE MINISTRIES OF OUR LORD JESUS CHRIST, INC. | |  |
| Principal Place of Business 5801 TROUBLE CREEK RD. NEW PORT RICHEY FL 34652 | | Mailing Address 5801 TROUBLE CREEK RD. NEW PORT RICHEY FL 34652 |
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt #, etc. | Suite, Apt #, etc. | |
| City & State | City & State | |
| Zip | Country | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent |
| SYKES, ONELL 5801 TROUBLE CREEK RD. NEW PORT RICHEY FL 34652 | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> |
| 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) |



1st MOORE CR2E037 (10/04)

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|------------------------------------|--|
| 4. FEI Number 59-3581952 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

| | | |
|--|--|------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 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 NAME | DP SYKES, THURMAN 5801 TROUBLE CREEK RD. NEW PORT RICHEY FL 34652 | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | DV SYKES, ONELL 5801 TROUBLE CREEK RD NEW PORT RICHEY FL 34652 | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | U00000278249 03/28/05-80019-004 61.25 |
| TITLE NAME | DCT LAWSON, MARY LOU 5801 TROUBLE CREEK RD NEW PORT RICHEY FL 34652 | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | S GALLION, MARY 5801 TROUBLE CREEK RD NEW PORT RICHEY FL 34652 | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | D CHIPMAN, GENE 5801 TROUBLE CREEK RD NEW PORT RICHEY FL 34652 | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | C LEON, SYKES 5801 TROUBLE CREEK RD NEW PORT RICHEY FL 34652 | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | 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)(f), 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: *Onell Sykes* **Onell Sykes** **3/23/05** *727-207-0761* **727-843-0512**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #