

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003763

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE LIGHTHOUSE MINISTRIES OF OUR LORD JESUS CHRIST, INC.

Current Principal Place of Business:

5801 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5801 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3581952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYKES, ONELL
5801 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SYKES, THURMAN
Address: 5801 TROUBLE CREEK RD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DV () Delete
Name: SYKES, ONELL
Address: 5801 TROUBLE CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DCT () Delete
Name: LAWSON, MARY LOU
Address: 5801 TROUBLE CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S () Delete
Name: GALLION, MARY
Address: 5801 TROUBLE CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: CHIPMAN, GENE
Address: 5801 TROUBLE CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: C () Delete
Name: LEON, SYKES
Address: 5801 TROUBLE CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ONELL SYKES

DV

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date