


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004621**  
 1. Entity Name  
**OPERATION LIGHTHOUSE MINISTRIES, INC.**



Principal Place of Business      Mailing Address  
**1245 SHARON DRIVE**      **P.O. BOX 6687**  
**TITUSVILLE, FL 32796 US**      **TITUSVILLE, FL 32782**



01032005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3596043**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MILLSAPS, VIRGINIA**  
**1245 SHARON DRIVE**  
**TITUSVILLE, FL 32796**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, MARY L 3484 W. MAIN ST. MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCSWAIN, CHARLES E 4455 GRAY AVE. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MILLSAPS, THOMAS C 1245 SHARON DRIVE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000268810  
 03/18/05-80059-011 61.25

**DO NOT WRITE IN THIS SPACE**

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: Thomas C. Millsaps  
**THOMAS C. MILLSAPS, PRES.**      3/16/05      321-267-9334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #