

2000 UNIFORM BUSINESS REPORT (UBR)

71

FILED
Sep 19, 2000 8:00 am
Secretary of State

07-19-2000 90153 003 ****61.25

DOCUMENT # N99000006941

1. Entity Name

LIGHTHOUSE OF HOLINESS, INC.

Principal Place of Business

**5933 KALOGRIDIS ROAD
 HAINES CITY FL 33844**

Mailing Address

**5933 KALOGRIDIS ROAD
 HAINES CITY FL 33844**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3669148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JORDAN, EDWARD P ESO
 13543 EAST HWY 50
 CLERMONT FL 33844**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-11-00

**FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25**

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

TITLE ☐ Delete
 NAME **D WHIFFEN, CHRISTOPHER A**
 STREET ADDRESS **5933 KALOGRIDIS ROAD**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Delete
 NAME **D GRIFFITH, JENNIFER**
 STREET ADDRESS **5933 KALOGRIDIS ROAD**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Delete
 NAME **D DURDEN, WILLIAM T**
 STREET ADDRESS **5933 KALOGRIDIS ROAD**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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)(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:

Christopher A. Whiffen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher A. Whiffen

Date

Daytime Phone #

7-8-00

863-422-9193

Attachment Doc # N99000006941

Form **SS-4**(Rev. December 1995)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **59-3669148**

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <u>Christopher A. Whiffen</u>																
	2 Trade name of business (if different from name on line 1) <u>Lighthouse of Holiness, Inc.</u>		3 Executor, trustee, "care of" name														
	4a Mailing address (street address) (room, apt., or suite no.) <u>5933 Kalogetis Road</u>		5a Business address (if different from address on lines 4a and 4b)														
	4b City, state, and ZIP code <u>Harles City, Florida 33544</u>		5b City, state, and ZIP code														
	6 County and state where principal business is located <u>Polk</u>																
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► <u>Christopher A. Whiffen</u>																
8a Type of entity (Check only one box.) (See instructions.) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Sole proprietor (SSN)</td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator-SSN</td> </tr> <tr> <td><input type="checkbox"/> REMIC</td> <td><input checked="" type="checkbox"/> Other corporation (specify) ► <u>Florida</u></td> </tr> <tr> <td><input type="checkbox"/> State/local government</td> <td><input type="checkbox"/> Trust</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ►</td> <td><input type="checkbox"/> Farmers' cooperative</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ►</td> <td><input checked="" type="checkbox"/> Church or church-controlled organization</td> </tr> <tr> <td></td> <td>(enter GEN if applicable)</td> </tr> </table>				<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ► <u>Florida</u>	<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust	<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Other (specify) ►	<input checked="" type="checkbox"/> Church or church-controlled organization		(enter GEN if applicable)
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<input type="checkbox"/> Other (specify) ►	<input checked="" type="checkbox"/> Church or church-controlled organization																
	(enter GEN if applicable)																
8b If a corporation, name the state or foreign country (if applicable) where incorporated <table style="width:100%; border: none;"> <tr> <td style="width:40%;">State <u>Florida</u></td> <td>Foreign country</td> </tr> </table>				State <u>Florida</u>	Foreign country												
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9 Reason for applying (Check only one box.) <table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Started new business (specify) ► <u>Church</u></td> <td><input type="checkbox"/> Banking purpose (specify) ►</td> </tr> <tr> <td><input type="checkbox"/> Hired employees</td> <td><input type="checkbox"/> Changed type of organization (specify) ►</td> </tr> <tr> <td><input type="checkbox"/> Created a pension plan (specify type) ►</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a trust (specify) ►</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other (specify) ►</td> </tr> </table>				<input checked="" type="checkbox"/> Started new business (specify) ► <u>Church</u>	<input type="checkbox"/> Banking purpose (specify) ►	<input type="checkbox"/> Hired employees	<input type="checkbox"/> Changed type of organization (specify) ►	<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Created a trust (specify) ►		<input type="checkbox"/> Other (specify) ►				
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	<input type="checkbox"/> Created a trust (specify) ►																
	<input type="checkbox"/> Other (specify) ►																
10 Date business started or acquired (Mo., day, year) (See instructions.)		11 Closing month of accounting year (See instructions.) <u>12-31</u>															
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)																	
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)		Nonagricultural	Agricultural														
14 Principal activity (See instructions.) ► <u>Church</u>		Household															
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," principal product and raw material used ►																	
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►																	
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.																	
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►																	
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN																	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Business telephone number (include area code)															
		Fax telephone number (include area code)															

Name and title (Please type or print clearly.) ► Christopher A. WhiffenSignature ► Christopher A. WhiffenDate ► 9-8-00

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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Form **2553**

(Rev. September 1996)

Department of the Treasury
Internal Revenue Service**Election by a Small Business Corporation**
(Under section 1362 of the Internal Revenue Code)

► For Paperwork Reduction Act Notice, see page 1 of instructions.

► See separate instructions.

OMB No. 1545-0146

- Notes:** 1. This election to be an S corporation can be accepted only if all the tests are met under **Who May Elect** on page 1 of the instructions; all signatures in Parts I and III are originals (no photocopies); and the exact name and address of the corporation and other required form information are provided.
2. Do not file Form 1120S, U.S. Income Tax Return for an S Corporation, for any tax year before the year the election takes effect.
3. If the corporation was in existence before the effective date of this election, see **Taxes an S Corporation May Owe** on page 1 of the instructions.

Part I Election Information

Please Type or Print	Name of corporation (see instructions) <u>Lighthouse of Holmes, Inc</u>	A Employer identification number <u>EIN 59-3667148</u>
	Number, street, and room or suite no. (If a P.O. box, see instructions.) <u>5933 Kalogridis Road</u>	B Date incorporated <u>November 19, 1998</u>
	City or town, state, and ZIP code <u>Haines City, Florida 33844</u>	C State of incorporation <u>Florida</u>

D Election is to be effective for tax year beginning (month, day, year) 1 1

E Name and title of officer or legal representative who the IRS may call for more information

F Telephone number of officer or legal representative

G If the corporation changed its name or address after applying for the EIN shown in A above, check this box ☐H If this election takes effect for the first tax year the corporation exists, enter month, day, and year of the earliest of the following: (1) date the corporation first had shareholders, (2) date the corporation first had assets, or (3) date the corporation began doing business 9 18 100I Selected tax year: Annual return will be filed for tax year ending (month and day) 12-31

If the tax year ends on any date other than December 31, except for an automatic 52-53-week tax year ending with reference to the month of December, you must complete Part II on the back. If the date you enter is the ending date of an automatic 52-53-week tax year, write "52-53-week year" to the right of the date. See Temporary Regulations section 1.441-2T(e)(3).

J Name and address of each shareholder; shareholder's spouse having a community property interest in the corporation's stock; and each tenant in common, joint tenant, and tenant by the entirety. (A husband and wife (and their estates) are counted as one shareholder in determining the number of shareholders without regard to the manner in which the stock is owned.)	K Shareholders' Consent Statement. Under penalties of perjury, we declare that we consent to the election of the above-named corporation to be an S corporation under section 1362(a) and that we have examined this consent statement, including accompanying schedules and statements, and to the best of our knowledge and belief, it is true, correct, and complete. We understand our consent is binding and may not be withdrawn after the corporation has made a valid election. (Shareholders sign and date below.)		L Stock owned		M Social security number or employer identification number (see instructions)	N Shareholder's tax year ends (month and day)
	Signature	Date	Number of shares	Dates acquired		

Under penalties of perjury, I declare that I have examined this election, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer Christopher A. Giffen Title President Date 9-8-00

See Parts II and III on back.

Cat. No. 18629R

Form **2553** (Rev. 9-96)