

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 21, 2005 08:00 AM  
Secretary of State

DOCUMENT # N99000006941

1. Entity Name  
LIGHTHOUSE OF HOLINESS, INC.



Principal Place of Business  
3120 EAST JOHNSON AVE  
HAINES CITY, FL 33844

Mailing Address  
P O BOX 2561  
HAINES CITY, FL 33844



06292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3669148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, EDWARD P ESQ  
1460 EAST HIGHWAY SO  
CLERMONT, FL 34711

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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07/21/05-80001-009 61.25

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 contained 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 applicable, or on an affidavit with an address, with all other like empowered.

SIGNATURE:

*Christopher A. Whiffen*

Christopher A. Whiffen

7-1-05

863-287-7428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #