

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007
Secretary of State

DOCUMENT# N99000006941

Entity Name: LIGHTHOUSE OF HOLINESS, INC.

Current Principal Place of Business:

3120 EAST JOHNSON AVE
HAINES CITY, FL 33844

New Principal Place of Business:

5801 EAST JOHNSON AVE
HAINES CITY, FL 33844

Current Mailing Address:

P O BOX 2561
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-3669148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JORDAN, EDWARD P ESQ
1460 EAST HIGHWAY SO
CLERMONT, FL 34711 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: D () Delete
Name: WHIFFEN, CHRISTOPHER A
Address: 5933 KALOGRIDIS ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: GRIFFITH, JENNIFER
Address: 5933 KALOGRIDIS ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: DURDEN, WILLIAM T
Address: 5933 KALOGRIDIS ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: CROWDER, EDWARD
Address: 5741 LITTLE EVA RD
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: GRIFFIN, DONALD W
Address: 5943 KALOGRIDIS RD
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: WHIFFEN, CHRISTOPHER G
Address: 5949 KALOGRIDIS RD
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WHIFFEN, CHRISTOPHER A
Address: 5933 KALOGRIDIS ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: TREA (X) Change () Addition
Name: GRIFFITH, JENNIFER
Address: 5933 KALOGRIDIS ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: VPRS (X) Change () Addition
Name: BOGGS, CARL D
Address: 644 DAYTON ROAD
City-St-Zip: WAYNESVILLE, OH 45068

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: CHRISTOPHER WHIFFEN

PRES

05/29/2007

Electronic Signature of Signing Officer or Director

_____ Date