

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 06, 2008
Secretary of State

DOCUMENT# N18895

Entity Name: LIGHTHOUSE WORLD OUTREACH OF DAVENPORT, INC.**Current Principal Place of Business:**208 E. PINE STREET
DAVENPORT, FL 33837**New Principal Place of Business:****Current Mailing Address:**PO BOX 157
DAVENPORT, FL 33836 US**New Mailing Address:****FEI Number:** 59-2242370**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MALONE, KENNETH
8297 CHAMPIONS GATE BLVD.
CHAMPIONS GATE, FL 33896 US**Name and Address of New Registered Agent:**GILLEY, PAMELA
212 E PINE ST
DAVENPORT, FL 33837 US

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: GILLEY, PAMELA

11/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALONE, KENNETH,
Address: 8297 CHAMPIONS GATE BLVD. SUITE 164
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: D () Delete
Name: TALLA, GILLEY
Address: 2554 AVE J. W
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: NOWELL, PAUL,
Address: 4632 BROKEN WHEEL BARROW LANE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GILLEY, PAMELA,
Address: 212 E PINE ST
City-St-Zip: DAVENPORT, FL 33837

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: GILLEY, PAMELA

PD

11/06/2008

Electronic Signature of Signing Officer or Director

Date