

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18895

FILED
Apr 20, 2009
Secretary of State

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:

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

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: () 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: PAMELA GILLEY

PD

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date