## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 27, 2009 **DOCUMENT#766524** Secretary of State

Entity Name: THE MASTERS' LIGHTHOUSE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1144 LANYARD STREET PALM HARBOR, FL 34685 US

**Current Mailing Address: New Mailing Address:** 

1144 LANYARD STREET

PALM HARBOR, FL 34685 US

FEI Number: 59-2961552 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARDUA, PAUL N PD 1144 LANYARD STREET PALM HARBOR, FL 34685 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

BARDUA, PAUL N Name: Name: 1144 LANYARD STREET Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

Name: BLACKMER, RUTH Name: Address: 7401-21ST STREET NO. Address: City-St-Zip: ST. PETERSBURG, FL 33702 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

BARDUA, PHILLIP J Name: BARDUA, PHILLIP J Name:

7701 STARKEY RD., #309 9700 FIDDLERS GREEN CIRCLE Address: Address: City-St-Zip: SEMINOLE, FL 33777 City-St-Zip: ROTUNDA WEST, FL 33947

Title: () Delete Title: () Change () Addition

Name: DIXIT, CHANDRA Name: 2130 CROWSNEST DRIVE Address: Address: City-St-Zip: PALM HARBOR, FL 34685 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: PAUL N. BARDUA PD 12/27/2009