

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743554

**FILED**  
**Mar 16, 2016**  
**Secretary of State**  
**CC0937459576**

**Entity Name:** LIGHTHOUSE PRAYER CENTER, INC.

**Current Principal Place of Business:**

43694 RATLIFF ROAD  
CALLAHAN, FL 32011

**Current Mailing Address:**

POST OFFICE BOX 2018  
CALLAHAN, FL 32011 US

**FEI Number: 59-1840414**

**Certificate of Status Desired: No**

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

MILLER, DONNA  
4605 ARLON DRIVE  
JACKSONVILLE, FL 32210 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MILLER, DONNA A  
Address        4605 ARLON DRIVE  
City-State-Zip: JACKSONVILLE FL 32210

Title           VP  
Name           PAGE, CURTIS  
Address        45106 MUSSELWHITE ROAD  
City-State-Zip: CALLAHAN FL 32011

Title           PRESIDENT, DIRECTOR  
Name           LINN, GARY REV  
Address        POST OFFICE BOX 2018  
City-State-Zip: CALLAHAN FL 32011

Title           VP, DIRECTOR  
Name           HUTSON, ROBERT PASTOR  
Address        17347 US HIGHWAY 90 W  
City-State-Zip: BALDWIN FL 32234

Title           VP, DIRECTOR  
Name           STRICKLAND, JEUL PASTOR  
Address        5040 CR 218  
City-State-Zip: MIDDLEBURG FL 32068

Title           VP, SECRETARY  
Name           ROACH, MARK  
Address        43687 RATLIFF ROAD  
City-State-Zip: CALLAHAN FL 32011

Title           VP  
Name           HARRISON, DAVID J  
Address        44416 WOODLAND CIRCLE  
City-State-Zip: CALLAHAN FL 32011

Title           D, VP  
Name           JOHNS, ARLIE W III  
Address        37027 MICHIGAN STREET  
City-State-Zip: HILLIARD FL 32046

*I hereby 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 all other like empowered.*

**SIGNATURE: DONNA A. MILLER**

**TREASURER**

**03/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date