

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006941

Entity Name: LIGHTHOUSE OF HOLINESS, INC.

Current Principal Place of Business:

5801 EAST JOHNSON AVE
HAINES CITY, FL 33844

Current Mailing Address:

P O BOX 2561
HAINES CITY, FL 33845

FEI Number: 59-3669148

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHIFFEN, CHRISTOPHER A
5933 KALOGRIDIS ROAD
HAINES CITY, FL 33844 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 PRES
Name WHIFFEN, CHRISTOPHER A
Address 5933 KALOGRIDIS ROAD
City-State-Zip: HAINES CITY FL 33844

Title TREA
Name WHIFFEN, LINDA D
Address 5933 KALOGRIDIS ROAD
City-State-Zip: HAINES CITY FL 33844

Title VPRS
Name CUNAGIN, DARREN R
Address 2280 HWY 2003
City-State-Zip: MCKEE KY 40447

Title D
Name THOMPSON, DANIEL L
Address 470 W HAINES BLVD
City-State-Zip: LAKE ALFRED FL 33850

Title D
Name WHIFFEN, CHRISTOPHER G
Address 5949 KALOGRIDIS RD
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name GRIFFITH, DONALD W
Address 5999 KALOGRIDIS RD
City-State-Zip: HAINES CITY FL 33844

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: CHRISTOPHER WHIFFEN

PRESIDENT

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date