

**2020 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: No**

**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 A. WHIFFEN**

**PRESIDENT**

**08/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date