## **2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N99000006941

Entity Name: LIGHTHOUSE OF HOLINESS, INC.

**Current Principal Place of Business:** 

5801 EAST JOHNSON AVE HAINES CITY, FL 33844

Current Mailing Address:

5933 KALOGRIDIS RD HAINES CITY. FL 33844 US

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: CHRISTOPHER A.WHIFFEN 10/25/2023

Electronic Signature of Registered Agent

Date

FILED Oct 25, 2023

**Secretary of State** 

2005938872CR

Officer/Director Detail:

Title PRES Title TREA

Name WHIFFEN, CHRISTOPHER A Name WHIFFEN, LINDA D

Address 5933 KALOGRIDIS ROAD Address 5933 KALOGRIDIS ROAD

City-State-Zip: HAINES CITY FL 33844 City-State-Zip: HAINES CITY FL 33844

Title VPRS Title DIRECTOR

NameCUNAGIN, DARREN RNameTHOMPSON, DANIEL LAddress2280 HWY 2003Address470 W HAINES BLVDCity-State-Zip:MCKEE KY 40447City-State-Zip: LAKE ALFRED FL 33850

Title DIRECTOR Title DIRECTOR

Name WHIFFEN, CHRISTOPHER G Name GRIFFITH, KEATON D

Address 5949 KALOGRIDIS RD Address 6156 MISS MARY ANN ROAD
City-State-Zip: HAINES CITY FL 33844
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

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

10/25/2023

Date