FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703818

1. Corporation Name

Lighthouse Christian Center International

Principal Place of Business	Mailing Address
Palm Beach Florida	854 Conniston Rd West Palm Beach, Fl 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/3/1962
3a. Date of Last Report: 5/26/94
4. FEI Number: 59-0917270 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 854 Conniston Rd	26 W.P.B., Fl 33405
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: W.P.B.	28 City & State
24 Zip: 33405 25 Country: Palm Bch	29 Zip 30 Country

9. Name and Address of Current Registered Agent

Ilnisky, William
854 Conniston Rd.
WPB, Fl 33405

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William N. ILNISKY — William N. Ilnisky — May 18, 1995
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Director Ilnisky, William 2840 Farragut Ln WPB , Fl	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition 000001518020 -06/20/95--01103--020 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Phil Lewis 7347 Overlook Dr. WPB, Fl	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Secretary Moreland, Jeannie 124 Bobwhite Rd Royal PB, Fl	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Treasurer Barnett, Morley 5895 Fair Green Rd WPB, Fl	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☒ Change ☐ Addition Treasurer Tome, William 2885 Farragut Ln. WPB, Fl
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William N. Ilnisky — WILLIAM N. ILNISKY — 5/22/95 — 407-832-8479
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — (Date) — Telephone Number