

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 703818 (5)**  
1. Corporation Name  
**LIGHTHOUSE CHRISTIAN CENTER INTERNATIONAL, INC.**



Principal Place of Business  
**ALM BEACH, FLORIDA, INC.  
854 CONNISTON  
WEST PALM BEACH FL 33405**

Mailing Address  
**ALM BEACH, FLORIDA, INC.  
854 CONNISTON  
WEST PALM BEACH FL 33405**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**04/03/1962**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-0917270**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**ILNISKY, WILLIAM  
854 CONNISTON ROAD  
WEST PALM BEACH FL**

**10. Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and initial if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD**  
**ILNISKY, WILLIAM** ☐ DELETE  
**2840 FARRAGUT LN.**  
**W PALM BCH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D**  
**LEWIS, PHIL** ☐ DELETE  
**7347 OVERLOOK DR**  
**W. PALM BCH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SD**  
**MORELAND, JEANNIE** ☐ DELETE  
**124 BOBWHITE RD.**  
**ROYAL PALM BCH. FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TD**  
**TOME, WILLIAM** ☐ DELETE  
**2885 FARRAGUT LN.**  
**W. PALM BCH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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)(k), 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 Apr 25, 1996 407-832-8479  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)