

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90086 001 ***122.50

DOCUMENT # 703818

1. Entity Name

LIGHTHOUSE CHRISTIAN CENTER INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0917270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ILNISKY, WILLIAM
 854 CONNISTON ROAD
 WEST PALM BEACH FL 33405**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD ILNISKY, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	2840 FARRAGUT LN.	
CITY-ST-ZIP	W PALM BCH FL	
TITLE NAME	D LEWIS, PHIL	<input type="checkbox"/> Delete
STREET ADDRESS	7347 OVERLOOK DR	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE NAME	SD MORELAND, JEANNIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	124 BOBWHITE RD.	
CITY-ST-ZIP	ROYAL PALM BCH. FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD ESTHER Holloway	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5200 POINSETTA AVE #1903	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM ILNISKY

561-833-2390

CR2E037 (9/01)