

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703818

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** LIGHTHOUSE CHRISTIAN CENTER INTERNATIONAL, INC.

**Current Principal Place of Business:**

2602 S. DIXIE  
SUITE #5  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

2602 S. DIXIE HIGHWAY  
SUITE 7  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

PO BOX 6338  
WEST PALM BEACH, FL 334056338

**New Mailing Address:**

FEI Number: 59-0917270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ILNISKY, WILLIAM  
2602 S DIXIE HWY  
SUITE 5  
WEST PALM BEACH, FL 33405 US

**Name and Address of New Registered Agent:**

ILNISKY, WILLIAM  
2602 S DIXIE HWY  
SUITE 7  
WEST PALM BEACH, FL 33401 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

04/29/2009

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ILNISKY, WILLIAM  
Address: 2840 FARRAGUT LN.  
City-St-Zip: W PALM BCH, FL

Title: ST ( ) Delete  
Name: TOME, WILLIAM  
Address: 2602 S DIXIE HWY #5  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ILNISKY, WILLIAM  
Address: 2840 FARRAGUT LN.  
City-St-Zip: W PALM BCH, FL 33409

Title: ST (X) Change ( ) Addition  
Name: TOME, WILLIAM  
Address: 2602 S DIXIE HIGHWAY , SUITE 7  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WNI

Electronic Signature of Signing Officer or Director

PD

04/29/2009

Date