

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0028611

DOCUMENT # 705475

1. Entity Name

LIGHTHOUSE ASSEMBLY OF GOD OF MELBOURNE, INC.

03-12-2001 90432 030 ****61.25

Principal Place of Business

Mailing Address

26 W FEE AVE
 MELBOURNE FL 32901

26 W FEE AVE
 MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1992155

Applied For

Not Applicable

Zip

Country

BREVARD

Zip

Country

BREVARD

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

STAUDTE, PETER
510 CLIFTON BLVD.
W. MELBOURNE FL 32904

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	P	<input type="checkbox"/> Delete
NAME	INMAR, PETER J	
STREET ADDRESS	26 W FEE AVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, JERRY	
STREET ADDRESS	3565 BULL RUN CT	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAUDTE, PETER	
STREET ADDRESS	510 CLIFTON	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERS, ROBERT	
STREET ADDRESS	2529 MAJESTIC AVE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAILLANCOURT, MARK	
STREET ADDRESS	1847 VAUXHALL ST-NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAUNER, DARIN	
STREET ADDRESS	1920 TALLPINE RD	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INMAN, Peter J.	
STREET ADDRESS	1134 WHITE OAK CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUPOLI, RICHARD	
STREET ADDRESS	4145 LONG LEAF DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Signature of Peter J. Inman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2001 (321) 76-9933

Date

Daytime Phone #

CR2E037 (10/00)