

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90021 040 ****61.25

DOCUMENT # 705475

1. Entity Name

LIGHTHOUSE ASSEMBLY OF GOD OF MELBOURNE, INC.

Principal Place of Business

Mailing Address

**26 W FEE AVE
 MELBOURNE FL 32901**

**26 W FEE AVE
 MELBOURNE FL 32901**

DUU4U001



DO NOT WRITE IN THIS SPACE

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

Zip

Country

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

Robert J. Peters

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

2529 Majestic Ave.

City

Melbourne,

FL

Zip Code

32934

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

Robert J. Peters

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 6, 2002

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	P	<input type="checkbox"/> Delete
STREET ADDRESS	INMAN, PETER J	
CITY-ST-ZIP	1134 WHITE OAK CIRCLE MELBOURNE FL 32934	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	BENNETT, JERRY	
CITY-ST-ZIP	3565 BULL RUN CT MELBOURNE FL 32901	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	STAUDTE, PETER	
CITY-ST-ZIP	510 CLIFTON MELBOURNE FL 32904	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	CUPOLI, RICHARD	
CITY-ST-ZIP	4145 LONG LEAF DRIVE MELBOURNE FL 32940	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	ZAUNER, DARIN	
CITY-ST-ZIP	1920 TALLPINE RD MELBOURNE FL 32935	
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	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Alfred, Waveney	
CITY-ST-ZIP	729 Banks St. NW Palm Bay, Florida 32907	
TITLE NAME	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Dicandio, Joseph P. Sr.	
CITY-ST-ZIP	680 Walmsley St. SW Palm Bay, Florida 32908	
TITLE NAME	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Peters, Robert J.	
CITY-ST-ZIP	2529 Majestic Ave. Melbourne, FL 32935	
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:

Robert J. Peters

REQUIRED

Robert J. Peters

3/6/02

321-242-5883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)