

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90176 002 \*\*\*\*61.25

**DOCUMENT # 706262**

1. Corporation Name

**GOSPEL LIGHT HOUSE CHURCH, INC.**

Principal Place of Business

2727 PICKETVILLE ROAD  
P.O. BOX 6082  
JACKSONVILLE FL 32220

Mailing Address

2727 PICKETVILLE ROAD  
P.O. BOX 6082  
JACKSONVILLE FL 32220



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**10/09/1963**

4. FEI Number

**23-7010266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**TREADWELL, H D**  
**1117 CLAYTON ROAD**  
**JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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

*H. D. Treadwell*  
Signature, typed or printed name of registered agent and title (if applicable).

**H.D. Treadwell**

**April 20th, 1999**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **TREADWELL, H.D.**  
CITY-ST-ZIP **1117 CLAYTON RD.**  
**JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **HAND, EDWARD**  
CITY-ST-ZIP **2834 BROWARD RD.**  
**JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME **STD**  
STREET ADDRESS **BOWERS, DALLAS MRS.**  
CITY-ST-ZIP **865 LANE AVENUE S #338**  
**JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **TATUM, JIM**  
CITY-ST-ZIP **5457 NORMANDY BLVD.**  
**JACKSONVILLE FL**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **HAND, RANDY**  
CITY-ST-ZIP **546 THERESA ROAD**  
**YULEE FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BOWERS, WILTON SR.**  
CITY-ST-ZIP **865 LANE AVE. S #338**  
**JACKSONVILLE FL**

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

**Director**  
**Gladys Hill**  
**10205 Macon RD, Jax, FL 32219**

14. 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 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, with all other like empowered.

SIGNATURE:

*H. D. Treadwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 20th, 1999**

Date Daytime Phone # **904-786-5877**

CR2E037 (11/98)