

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 706262

1. Entity Name

GOSPEL LIGHT HOUSE CHURCH, INC.



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

23-7010266

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

TREADWELL, H D
1117 CLAYTON ROAD
JACKSONVILLE FL 32205

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME U00000619092
STREET ADDRESS 02/08/07-80056-024 61.25
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME BOWERS, DALLAS
STREET ADDRESS 10205 MACON RD
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BOWERS, WILTON SR
STREET ADDRESS 10205 MACON RD
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *H. D. Treadwell* H. D. Treadwell Jan. 26, 07 904-786-5877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #