

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719598

1. Entity Name

LIGHTHOUSE BAPTIST CHURCH OF LARGO, INC.

Principal Place of Business

10539 122ND AVENUE NORTH
LARGO FL 34643

Mailing Address

10539 122ND AVENUE NORTH
LARGO FL 34643

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1883781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, RON
7300 120TH AVE N
LARGO FL 33773

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDERS, RON	
STREET ADDRESS	7300 120TH AVE, N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, EVELYN	
STREET ADDRESS	10398 104 AVE N #316	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COATES, MARY E	
STREET ADDRESS	12264 144TH ST, N.	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RAGSDALE, KARL	
STREET ADDRESS	11891 104TH ST N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MIRAVALLE	
STREET ADDRESS	10200 122ND AVENUE N APT. 2551	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90093 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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