


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

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.		3. Mailing Address Suite, Apt. #, etc.																								
City & State		City & State		4. FEI Number 59-1883781 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																						
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent SANDERS, RON 10539 122ND 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. I am familiar with, and accept the obligations of registered agent.																										
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																										
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																						
Make Check Payable to Florida Department of State																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> PD SANDERS, RON </td> <td style="width: 20%; padding: 2px; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">7300 120TH AVE, N</td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;">LARGO FL 33773</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </td> <td style="width: 20%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"> 000000048507 </td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"> 02/12/04-80083-010 61.25 </td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table> </div> </div>						TITLE	PD SANDERS, RON	<input type="checkbox"/> Delete	STREET ADDRESS	7300 120TH AVE, N		CITY - ST - ZIP	LARGO FL 33773		TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		NAME	000000048507		STREET ADDRESS	02/12/04-80083-010 61.25		CITY - ST - ZIP		
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CITY - ST - ZIP																										
TITLE	D COATES, MARY E	<input type="checkbox"/> Delete																								
STREET ADDRESS	12264 144TH ST, N.																									
CITY - ST - ZIP	LARGO FL 33774																									
TITLE	DT RAGSDALE, KARL	<input type="checkbox"/> Delete																								
STREET ADDRESS	11891 104TH ST N																									
CITY - ST - ZIP	LARGO FL 33773																									
TITLE	STD MIRAVALLE, JOY	<input type="checkbox"/> Delete																								
STREET ADDRESS	10200 122ND AVENUE N APT. 2551																									
CITY - ST - ZIP	LARGO FL 33773																									
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| 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:** Joy Miravalle **JOY MIRAVALLE** **2-10-04 727-319-8023** | | | | | |