

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90156 047 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 **RON SANDERS (moved)**

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

**10539 122ND AVENUE**

City

**LARGO**

FL

Zip Code

**33773**

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 *Ron Sanders*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING AGENT

1-12-03 777-319-8023

CR2E037 (10/02)