## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#728803** 

FILED Mar 03, 2008 Secretary of State

Entity Name: FAITH LIGHTHOUSE CHURCH, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	L BUCHMAN H TY, FL 33565	WY			
urrent N	lailing Addres	s:	New Mailing Addre	ss:	
	L BUCHMAN H TY, FL 33565	WY			
El Number	: 59-2394616	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
ame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
409 PAU	T, JAMES REV L BUCHMAN H TY, FL 33565				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both	
GNATU					
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
tle: ame:	P () STEWART, JAW		Title: Name: Address:	( ) Change ( ) Addition	
	3409 PAUL BUC PLANT CITY, FL		City-St-Zip:		
ldress: ty-St-Zip: tle: ame: ldress: ty-St-Zip:	PLANT CITY, FL	. 33565 Delete Y RIVE		()Change ()Addition	
ty-St-Zip: :le: ame: ldress:	PLANT CITY, FL T () BARRON, RICK N GLEN OAK DI LAKELAND, FL	. 33565  Delete Y RIVE 33810  Delete  AK DR.	City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition  ( ) Change ( ) Addition	
ty-St-Zip:  lle: ame: ldress: ty-St-Zip:  lle: ame: ldress:	PLANT CITY, FL  T () BARRON, RICK N GLEN OAK DI LAKELAND, FL  D () WEAVER, BUD 4015 MOSSY O LAKELAND, FL	Delete Y RIVE 33810 Delete AK DR. 33810 Delete JAEL JLANE	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
ty-St-Zip:  lle: ame: ldress: ty-St-Zip:  lle: ame: ldress: ty-St-Zip:  lle: ame: ldress:	PLANT CITY, FL  T () BARRON, RICK N GLEN OAK DI LAKELAND, FL  D () WEAVER, BUD 4015 MOSSY O LAKELAND, FL  T () WEAVER, MICH 3605 BENT RIM PLANT CITY, FL	Delete Y RIVE 33810 Delete AK DR. 33810 Delete IAEL I LANE . 33565 Delete INA CHMAN HWY	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: Address: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA STEWART SEC 03/03/2008