

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731770

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** LIGHTHOUSE CHRISTIAN FAITH CENTER, INC.

**Current Principal Place of Business:**

4215 S.W. 19TH STREET  
WEST PARK, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

4215 S.W. 19TH STREET  
WEST PARK, FL 33023

**New Mailing Address:**

FEI Number: 59-2130197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHLICHTE JR., RAY A.  
2134 HOLLYWOOD BLVD.  
HOLLYWOOD, FL US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PAYNE, LEOLA  
Address: 3800 N.W. 192 ND STREET  
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: VP  
Name: PAYNE, NATHANIEL  
Address: 3800 N.W. 192ND STREET  
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: D  
Name: CORBETT, DENNIS  
Address: 2847 FLETCHER ST.  
City-St-Zip: HOLLYWOOD, FL

Title: D  
Name: CORBETT, EVELYN  
Address: 2847 FLETCHER ST.  
City-St-Zip: HOLLYWOOD, FL

Title: D  
Name: ANDERSON, ANDY  
Address: 2920 N.W. 187 ST.  
City-St-Zip: CAROL CITY, FL

Title: D  
Name: CHANDLER, SHEVIN  
Address: 4350 HILLCREST DRIVE #207  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: LEOLA PAYNE

PRES

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date