

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 732812

1. Entity Name
**LIGHTHOUSE APOSTOLIC CHURCH OF CLEWISTON
INC.**



Principal Place of Business
**911 EVERCANE RD.
CLEWISTON, FL 33440**

Mailing Address
**911 EVERCANE RD.
CLEWISTON, FL 33440**



05192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0158870

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLUMENFELD, D. REED REV
1923 RIDGILL RD
CLEWISTON, FL 33440**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PJ
NAME	BLUMENFELD, D. REED REV
STREET ADDRESS	1923 RIDGEDILL ROAD
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	SD
NAME	SHAW, MARY
STREET ADDRESS	657 PERIMETER RD
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	D
NAME	WHITE, JOHN W.
STREET ADDRESS	740 TAMMY ROAD
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	D
NAME	HEDRICK, STEVEN D
STREET ADDRESS	308 WEST SUGARLAND CIRCLE
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000351964
06/04/08-80060-002 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Reed Blumenfeld 5-20-08 863-599-8661