

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 23 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735770 (0)**

1. Corporation Name  
**PENTECOSTAL LIGHTHOUSE, INC.**



Principal Place of Business <b>2350 W. NEW HAVEN AVE. W. MELBOURNE FL 32904</b>	Mailing Address <b>2350 W. NEW HAVEN AVE. W. MELBOURNE FL 32904-3708</b>
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3. Date Incorporated or Qualified <b>05/12/1976</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>59-1730277</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent

**VELIE, BEN P  
2350 W NEW HAVEN AVENUE  
W. MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VELIE, RAYMOND</b>
STREET ADDRESS	<b>561 PARKHILL BLVD</b>
CITY-ST-ZIP	<b>WEST MELBOURNE, FL 00000</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>RICHARDS, PAUL</b>
STREET ADDRESS	<b>2230 SHELL AVE</b>
CITY-ST-ZIP	<b>INDIALANTIC FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>ELROD, ROBERT</b>
STREET ADDRESS	<b>925 TURTLE POND WAY</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>VELIE, BEN P</b>
STREET ADDRESS	<b>2350 W NEW HAVEN AVE</b>
CITY-ST-ZIP	<b>WEST MELBOURNE, FL 00000</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>CARTER, MARVIN</b>
STREET ADDRESS	<b>3384 JAY TEE DRIVE</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ben P. Velie T. BEN P. Velie Jan 11, 97 407-723-5801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019687

CR2E037 (9/96)