


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 735770			
1. Entity Name PENTECOSTAL LIGHTHOUSE, INC.			
Principal Place of Business 2350 W. NEW HAVEN AVE. W. MELBOURNE FL 32904		Mailing Address 2350 W. NEW HAVEN AVE. W. MELBOURNE FL 32904	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-1730277		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VELIE, BEN P 2350 W NEW HAVEN AVENUE W. MELBOURNE FL 32904		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0	
TITLE	D VELIE, RAYMOND <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	561 PARKHILL BLVD	NAME	
STREET ADDRESS	WEST MELBOURNE, FL 00000	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	SD VELIE, JOE B <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	2259 ARIZONA ST	NAME	
STREET ADDRESS	W MELBOURNE FL 32904	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	TD RICHARDS, PAUL <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	612 SHERIDAN WOODS DR	NAME	
STREET ADDRESS	MELBOURNE FL 32904	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	PD VELIE, BEN P <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	2350 W NEW HAVEN AVE	NAME	
STREET ADDRESS	WEST MELBOURNE, FL 00000	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VD CARTER, MARVIN <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	3364 JAY TEE DRIVE	NAME	
STREET ADDRESS	MELBOURNE FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ben P. Velie - Ben P. Velie Feb 9, 04 321-733-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #