

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90055 021 ****61.25

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1730277**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	VELIE, RAYMOND	
STREET ADDRESS	561 PARKHILL BLVD	
CITY-ST-ZIP	WEST MELBOURNE, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, PAUL	
STREET ADDRESS	612 SHERIDAN WOODS DR	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ELROD, ROBERT	
STREET ADDRESS	2031 THESY DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VELIE, BEN P	
STREET ADDRESS	2350 W NEW HAVEN AVE	
CITY-ST-ZIP	WEST MELBOURNE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARTER, MARVIN	
STREET ADDRESS	3364 JAY TEE DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE B. VELIE	
STREET ADDRESS	2259 ARIZONA ST	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, PAUL	
STREET ADDRESS	612 SHERIDAN WOODS DR	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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 REQUIRED BEN P. VELIE 1/13/03 321/733-1030 321/723-5801**

CR2E037 (10/02)