

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738313

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** LIGHTHOUSE MINISTRIES, INC.

**Current Principal Place of Business:**

215 E. MAGNOLIA AVE.  
LAKELAND, FL 33802

**New Principal Place of Business:**

**Current Mailing Address:**

215 E. MAGNOLIA AVE.  
P.O. BOX 3112  
LAKELAND, FL 33802

**New Mailing Address:**

**FEI Number:** 59-1722768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURBEVILLE, STEVE  
4324 HOMEWOOD LANE  
LAKELAND, FL 33811 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:** D  
**Name:** CLARK, BLAIR  
**Address:** 833 CANDICE AVENUE  
**City-St-Zip:** LAKELAND, FL

**Title:** P  
**Name:** TURBEVILLE, STEVE  
**Address:** 4324 HOMEWOOD LANE  
**City-St-Zip:** LAKELAND, FL 33811

**Title:** CH  
**Name:** VOGELER, BRETT  
**Address:** 3318 BARLEY LANE  
**City-St-Zip:** LAKELAND, FL 33803

**Title:** S  
**Name:** BISHOP, DIANNE  
**Address:** 580 GLENDALE ST.  
**City-St-Zip:** LAKELAND, FL 33803

**Title:** T  
**Name:** PARKER, DANE  
**Address:** 6720 CREWS WOOD LANE  
**City-St-Zip:** LAKELAND, FL 33813

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:** STEVE TURBEVILLE

P

05/01/2012

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

\_\_\_\_\_  
Date