

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738915

1. Entity Name

APOSTOLIC LIGHTHOUSE CHURCH, INC.

Principal Place of Business

115 NE 3 ST  
POMPANO BCH FL 33060  
US

Mailing Address

2242 SE 10 ST  
POMPANO BCH FL 33062  
US

2. Principal Place of Business

~~115 NE 3 ST~~ **APOSTOLIC Lighthouse**  
Suite, Apt. #, etc.

3. Mailing Address

**115 NE 3rd ST**  
Suite, Apt. #, etc.

City & State

**POMPANO Bch**

City & State

**FL**

Zip

**33060**

Country

**USA**

Zip

Country

4. FEI Number

**59-1746241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, REV CLIFFORD  
2242 SE 10 ST  
POMPANO BCH FL 33062

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.

SIGNATURE

*Rev Clifford E Jones*

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

(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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JONES, REV. CLIFFORD  
STREET ADDRESS 2242 SE 10 ST  
CITY-ST-ZIP POMPANO BCH FL

TITLE ST ☐ Delete  
NAME HAMBY, PENNI J  
STREET ADDRESS 11989 CORAL PL  
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ Delete  
NAME HAMBY, JOHNNY D  
STREET ADDRESS 11989 CORAL PLACE  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

*Rev Clifford E Jones*

1-14-02 954 941-7231

FILED  
Jan 30, 2002 8:00 am  
Secretary of State

01-30-2002 90031 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)