

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739574 (2)
1. Corporation Name
LIGHTHOUSE CHRISTIAN CENTER OF VOLUSIA, INC.



Principal Place of Business Mailing Address
126 SOUTH RIDGEWOOD AVE
DELAND FL 32720-2938

3. Date Incorporated or Qualified **07/07/1977** 3a. Date of Last Report **03/03/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1417604		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		Zip		Country	
24		25		29		30	
Volusia		Volusia					

9. Name and Address of Current Registered Agent

WALKER, DAVE
1116 S PEARL ST
DELAND FL 32720

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	11 TITLE	See <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, PAT	12 NAME	Jean Stange
STREET ADDRESS	831 HIGH STREET	13 STREET ADDRESS	1356 6th St
CITY-ST-ZIP	DELAND FL	14 CITY-ST-ZIP	Orange City, FL 32763
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDY, TOM	22 NAME	
STREET ADDRESS	239 S. RIDGEWOOD AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	24 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SUSAN	32 NAME	
STREET ADDRESS	411 N FAIRFAX AVENUE	33 STREET ADDRESS	3799 N. SPRING-GARDEN AVE.
CITY-ST-ZIP	DELAND FL	34 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, DAVE	42 NAME	
STREET ADDRESS	1116 S PEARL ST	43 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, TOM	52 NAME	D. Charles Vincent
STREET ADDRESS	1421 SALVADORE	53 STREET ADDRESS	1414 W. Douglas
CITY-ST-ZIP	GLENWOOD FL	54 CITY-ST-ZIP	DeLand, FL 32720
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESTER, DAVE	62 NAME	
STREET ADDRESS	1297 E. OHIO AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dave Walker Jan 15, 1996 904-734-5380

CP2E037 (12/95)