

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739574** (2)  
1. Corporation Name  
**LIGHTHOUSE CHRISTIAN CENTER OF VOLUSIA, INC.**



Principal Place of Business <b>126 SOUTH RIDGEWOOD AVE DELAND FL 32720-2938</b>	Mailing Address <b>126 SOUTH RIDGEWOOD AVE DELAND FL 32720-2938</b>	3. Date Incorporated or Qualified <b>07/07/1977</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-1417604</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>WALKER, DAVE 1116 S PEARL ST DELAND FL 32720</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S GIRAND, TERESA</b>	1.2 NAME	<b>Girard not Girand</b>
STREET ADDRESS	<b>5796 S.R. 4</b>	1.3 STREET ADDRESS	<b>5796 ST Rd 11 (not 4)</b>
CITY-ST-ZIP	<b>DELEON SPRINGS FL</b>	1.4 CITY-ST-ZIP	<b>Deleón not Deleón</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D REDDY, TOM</b>	2.2 NAME	
STREET ADDRESS	<b>239 S. RIDGEWOOD AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T ANDERSON, SUSAN</b>	3.2 NAME	
STREET ADDRESS	<b>3799 N. SPRING GARDEN AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P WALKER, DAVE</b>	4.2 NAME	
STREET ADDRESS	<b>1116 S PEARL ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D VINCENT, CHARLES</b>	5.2 NAME	<b>VP</b>
STREET ADDRESS	<b>1414 W. DOUGLAS</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D KESTER, DAVE</b>	6.2 NAME	<b>D Ken martin</b>
STREET ADDRESS	<b>1297 E. OHIO AVE.</b>	6.3 STREET ADDRESS	<b>5515 S. R 11</b>
CITY-ST-ZIP	<b>DELAND FL</b>	6.4 CITY-ST-ZIP	<b>Deleón Springs Fl 32130</b>

14. 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 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: *David D. Walker* 2/18/98 904-734-5380  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)