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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739574

1. Corporation Name

LIGHTHOUSE CHRISTIAN CENTER OF VOLUSIA, INC.

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

Mailing Address
**126 SOUTH RIDGEWOOD AVE
DELAND FL 32720-2938**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

07/07/1977

4. FEI Number

59-1417604

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

TITLE ☐ DELETE

NAME **S GIRARD, TERESA**
STREET ADDRESS **5796 STATE RD 11**
CITY-ST-ZIP **DELEON SPRGS FL**

TITLE ☒ DELETE

NAME **D REDDY, TOM**
STREET ADDRESS **239 S. RIDGEWOOD AVE.**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME **T ANDERSON, SUSAN**
STREET ADDRESS **3799 N. SPRING GARDEN AVE.**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME **P WALKER, DAVE**
STREET ADDRESS **1116 S PEARL ST**
CITY-ST-ZIP **DELAND FL**

TITLE ☒ DELETE

NAME **VP VINCENT, CHARLES**
STREET ADDRESS **1414 W. DOUGLAS**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME **D LEN MARTIN**
STREET ADDRESS **5515 STATE RD 11**
CITY-ST-ZIP **DELEON SPRGS FL 32130**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D Bonnie Mulrony
242 Pleasant St
Hialeah Helen 32744-3007

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DVP Dave Kester
1297 E Ohio
DeLand, FL 32724

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave Walker

Date

Daytime Phone #

734-5380

CR2E037 (11/98)