

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739574

1. Entity Name

LIGHTHOUSE CHRISTIAN CENTER OF VOLUSIA, INC.

FILED  
Jan 22, 2000 8:00 am  
Secretary of State

01-22-2000 90078 004 \*\*\*\*70.00

000046



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 59-1417604 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, DAVE  
1116 S PEARL ST  
DELAND FL 32720

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☐ Delete  
NAME MALRONEY, BONNIE  
STREET ADDRESS 242 PLEASANT ST  
CITY-ST-ZIP LKW HELEN FL 32744-3007

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

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

TITLE DVP ☐ Delete  
NAME KESTER, DAVE  
STREET ADDRESS 1297 E OHIO  
CITY-ST-ZIP DELAND FL 32724

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

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

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

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Ollie Hill  
CITY-ST-ZIP 1430 S. Clara  
DeLand, FL 32720

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: DONALD WALKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-2000

904  
734-5363

CR2E037 (9/99)