

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90034 050 ****70.00

DOCUMENT # 739574

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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

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

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

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

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

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

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

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **HILL, OLLIE**
 CITY-ST-ZIP **1430 S. CLARA**
DELAND FL 32720

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Tony Tolvo**
 CITY-ST-ZIP **2792 Oak Rd**
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

Date

904-734.5363

Daytime Phone #

CR2E037 (10/00)