

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739574

FILED
Apr 03, 2007
Secretary of State

Entity Name: LIGHTHOUSE CHRISTIAN CENTER OF VOLUSIA, INC.

Current Principal Place of Business:

126 SOUTH RIDGEWOOD AVE
DELAND, FL 327202938

New Principal Place of Business:

Current Mailing Address:

126 SOUTH RIDGEWOOD AVE
DELAND, FL 327202938

New Mailing Address:

FEI Number: 59-1417604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, DAVE
1116 S PEARL ST
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GIRARD, TERESA
Address: 5796 STATE RD 11
City-St-Zip: DELEON SPRGS, FL

Title: D () Delete
Name: LANE, JOSEPH
Address: 2565 VISTA PARK DRIVE
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: GIBSON, MIDA
Address: 351 HERITAGE ESTATES LANE
City-St-Zip: DELAND, FL 32720

Title: P () Delete
Name: WALKER, DAVE,
Address: 1116 S PEARL ST
City-St-Zip: DELAND, FL

Title: D () Delete
Name: SOYARS, DAVID
Address: 1532 PINE AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: DVP () Delete
Name: THOMAS, REDDY
Address: 239 SOUTH RODGEWOOD AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THOMAS, MICHAEL
Address: 329 W. OHIO AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: SOYARS, DAVID
Address: 1532 PINE AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D (X) Change () Addition
Name: THOMAS, REDDY
Address: 239 SOUTH RODGEWOOD AVE
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIDA GIBSON

T

04/03/2007

Electronic Signature of Signing Officer or Director

Date