

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739574

FILED  
Jan 14, 2009  
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 (X)**

**Name and Address of Current Registered Agent:**

BRYAN, PAUL  
2265 CHURCH 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: THOMAS, MICHAEL  
Address: 329 W. OHIO AVENUE  
City-St-Zip: ORANGE CITY, FL 32763

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

Title: P ( ) Delete  
Name: BRYAN, PAUL  
Address: 2265 CHURCH ST  
City-St-Zip: DELAND, FL 32720

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

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

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

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

Title: DVP (X) Change ( ) Addition  
Name: THOMAS, CAREY  
Address: 1760 SALVADORE ST.  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify 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

01/14/2009

Electronic Signature of Signing Officer or Director

Date