

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90079 034 ****61.25

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mida Gibson, Treasurer

1/3/02

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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 **GIBSON, MIDA**
STREET ADDRESS **351 HERITAGE ESTATES LANE**
CITY-ST-ZIP **DELAND FL 32720**

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 **TOLOO, TONY**
STREET ADDRESS **2792 OAK RD**
CITY-ST-ZIP **DELAND FL 32720**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Thomas Reddy**
STREET ADDRESS **2398 Ridgewood Ave.**
CITY-ST-ZIP **Deland FL 32720**

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

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

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:

Mida Gibson, Treasurer

1/3/02 734-5380

CR2E037 (10/02)