2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743554

FILED Jun 26, 2007 Secretary of State

Entity Name: LIGHTHOUSE PRAYER CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 43694 RATLIFF ROAD CALLAHAN, FL 32011 US **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 2018 CALLAHAN, FL 32011 FEI Number: 59-1840414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, DONNA MILLER, DONNA POST OFFICE BOX 1501 43464 FREEDOM DRIVE CALLAHAN, FL 32011 CALLAHAN, FL 32011 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: DONNA MILLER 06/26/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MILLER, DANIEL Name: Name: POST OFFICE BOX 1501 Address: Address: City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: Title: STD () Delete Title: () Change () Addition Name: MILLER, DONNA A Name: Address: POST OFFICE BOX 1501 Address: City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: Title: () Delete Title: () Change () Addition PAGE, CURTIS Name: Name: Address: 8654 PINE PARK ROAD Address: City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: HUGHART, DAVID REV Name: POST OFFICE BOX 2018 Address: Address: City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: Title: Title: () Delete () Change () Addition BRAUNER, PAUL Name: Name: 541552 LEM TURNER RD Address: Address: City-St-Zip: CALLAHAN', FL 32011 City-St-Zip:

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: DONNA MILLER STD 06/26/2007