

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

0007575

DOCUMENT # **747774**

1. Entity Name

~~PARKWAY BAPTIST CHURCH OF PANAMA CITY, INC.~~

LIGHTHOUSE BAPTIST CHURCH

W/C 2/7/03



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 8:50

Principal Office of Business

3323 EAST 15TH STREET
PANAMA CITY FL 32405

Mailing Address

3323 EAST 15TH STREET
PANAMA CITY FL 32405

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 **59-2429978**

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

7. Name and Address of New Registered Agent

~~MCCAULEY, CAROLL L.
36 OAK AVENUE
PANAMA CITY FL 32401~~

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Buddy E. Glass, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **BOOTH, KEITH**
STREET ADDRESS **819 S BERTHE AVENUE**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE Change Addition
NAME **Glass, Buddy E.**
STREET ADDRESS **812 Nottingham Dr.**
CITY-ST-ZIP **Panama City, Fl. 32401**

TITLE Delete
NAME **GLASS, BUDDY E**
STREET ADDRESS **812 NOTTINGHAM DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE Change Addition
NAME **T. Maynard, Buddy**
STREET ADDRESS **P.O. Box 10064**
CITY-ST-ZIP **Panama city, FL. 32404**

TITLE Delete
NAME **ALLIGOOD, JIM**
STREET ADDRESS **5006 HOLLY AVENUE**
CITY-ST-ZIP **YOUNGSTOWN FL 32466**

TITLE Change Addition
NAME **Trst. Alligood, Jim**
STREET ADDRESS **5006 Holly Ave.**
CITY-ST-ZIP **Youngstown, FL. 32466**

TITLE Delete
NAME **BRACE, ALLEN**
STREET ADDRESS **307 LIDDON**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE Change Addition
NAME **Trst. Del Kopp**
STREET ADDRESS **507 Amy Street**
CITY-ST-ZIP **Lynn Haven, FL. 32444**

TITLE Delete
NAME **ODOM, WILLIAM**
STREET ADDRESS **502 E PINE FORREST RD.**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
NAME **Trst. William Odom**
STREET ADDRESS **502 E. Pine Forrest Rd.**
CITY-ST-ZIP **Lynn Haven, FL. 32444**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Buddy E. Glass, Buddy E. Glass* *4/27/03* *850-763-4682*

CR2E037 (10/02)