2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 17, 2004 08:00 AM Secretary of State **DOCUMENT # 747974** 1. Entity Name LIGHTHOUSE CHURCH AND MINISTRIES, INC. Principal Place of Business Mailing Address 109 SAN JOSE CIRCLE 109 SAN JOSE CIRCLE WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-1984648 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE PADOVA, NICOLA A Street Address (P.O. Box Number is Not Acceptable) 109 SAN JOSE CIRCLE WINTER PARK FL 32792 City 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 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. PTSD ☐ Delete TITLE TITLE Change ☐ Addition A-DE PADOVA, NICOLA NAME NAME 109 SAN JOSE CIRCLE STREET ADDRESS STREET ADDRESS WINTER PARK, FL 00000 CATY - ST - ZIP CITY -ST - ZIP ☐ Defete PITCHFORD, DOUGLAS NAME NAME 109 SAN JOSE CIRCLE STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition P-DE PADOVA, NICOLAS NAME NAME 109 SAN JOSE CIR. STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empt

atutes; and that my name appears in Block 10 or Block 11 if