


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90023 025 ****70.00

0013828

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 748904

1. Corporation Name

~~OUR SAVIOR'S COMMUNITY CHURCH OF SEMINOLE COUNTY~~
~~INC.~~ **LIGHTHOUSE COMMUNITY CHURCH OF SEMINOLE COUNTY, INC.**

Principal Place of Business

4600 GABRIELLA LANE
 OVIEDO FL 32765-8690
 US

Mailing Address

P.O. BOX 1554
~~4600 GABRIELLA LANE~~
GOLDENROD FL 32733-1554
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Post Office Box 1554		09/13/1979	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 City & State		59-1979473	
24 Country		29 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing <input type="checkbox"/> \$5:00 May Be Added to Fees	
26 Country		31 Country		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

WATSON, JUDY
2548 CREEKVIEW CIR.
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name **Daniel M. Watson**
 82 Street Address (P.O. Box Number is Not Acceptable) **2548 Creekview Circle**
 83
 84 City **Oviedo** **FL** 85 Zip Code **32765**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Daniel M. Watson* **Daniel M. Watson** **3-10-99**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, LEROY		1.2 NAME	Raburn, Larry	
STREET ADDRESS	1103 BLACK ACRE TRAIL		1.3 STREET ADDRESS	2584 Lake Howell Lane	
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-ST-ZIP	Winter Park, Florida 32792	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VCH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, DAINEL M		2.2 NAME	Jones, Tim	
STREET ADDRESS	2548 CREEKVIEW CIR.		2.3 STREET ADDRESS	5500 Dean Road	
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP	Oviedo, Florida 32765	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, DOROTHY A.		3.2 NAME	Almand, Charles	
STREET ADDRESS	259 JUDITH RD		3.3 STREET ADDRESS	Post Office Box 1611	
CITY-ST-ZIP	HARTLY DE		3.4 CITY-ST-ZIP	Sanford, Florida 32772 N/A	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORSUM, DOUGLAS C.		4.2 NAME	Edwards, Duane	
STREET ADDRESS	616 FIELD CLUB CIR.		4.3 STREET ADDRESS	2213 Mapleton Court	
CITY-ST-ZIP	CASSELBERRY FL		4.4 CITY-ST-ZIP	Winter Park, Florida 32792	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGE, PERCY		5.2 NAME	Ross, Robert W.	
STREET ADDRESS	8221 ESPERANZE		5.3 STREET ADDRESS	203 Herrell Road	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Winter Springs, Florida 32708	
TITLE	T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, JUDY E		6.2 NAME	Mayhew, Bruce	
STREET ADDRESS	2548 CREEKVIEW CIR.		6.3 STREET ADDRESS	115 North Sunland Drive	
CITY-ST-ZIP	OVIEDO FL		6.4 CITY-ST-ZIP	Sanford, Florida 32773	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel M. Watson* **SIGNATURE REQUIRED** **3/13/99** **(407) 681-922c**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)