

2000 UNIFORM BUSINESS REPORT (UBR)

5/9

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-09-2000 90018 014 ****70.00

DOCUMENT # 748904

1. Entity Name

LIGHTHOUSE COMMUNITY CHURCH OF SEMINOLE COUNTY,

Principal Place of Business

Mailing Address

4600 GABRIELLA ROAD
OVIEDO FL 32765
US

P.O. BOX 1554
GOLDENROD FL 32733-1554
US

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

59-1979473

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, DANIEL M
4600 GABRIELLA LANE
OVIEDO FL 32765

Name

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

2548 CREEKVIEW CIR

City

OVIEDO

FL

Zip Code

32765

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.

SIGNATURE

Daniel M. Watson **DANIEL M. WATSON**

4/26/00

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CH D	<input type="checkbox"/> Delete
NAME	RABURN, LARRY	
STREET ADDRESS	2584 LAKE HOWELL LN	
CITY-ST-ZIP	WINTER PK FL 32792	
TITLE	VER	<input type="checkbox"/> Delete
NAME	JONES, TIM	
STREET ADDRESS	5500 DEAN RD	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	S D	<input type="checkbox"/> Delete
NAME	ALMAND, CHARLES	
STREET ADDRESS	PO BOX 1611	
CITY-ST-ZIP	SANFORD FL 32772	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, DUANE	
STREET ADDRESS	2213 MAPLETON CT	
CITY-ST-ZIP	WINTER PK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, ROBERT W	
STREET ADDRESS	203 HERRELL RD	
CITY-ST-ZIP	WINTER SPGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYHEW, BRUCE	
STREET ADDRESS	115 N SUNLAND DR	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

Robert W. Ross **ROBERT W ROSS**

Date

Daytime Phone #

4/23/00

407-699-5042

CR2E037 (9/99)