

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748904

1. Entity Name

LIGHTHOUSE COMMUNITY CHURCH OF SEMINOLE COUNTY,

Principal Place of Business

4600 GABRIELLA ROAD
OVIEDO FL 32765
US

Mailing Address

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
~~2548 CREEKVIEW CIR~~
OVIEDO FL 32765

Name

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

2948 STARWOOD DRIVE

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-01

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 D
NAME RABURN, LARRY
STREET ADDRESS 2584 LAKE HOWELL LN
CITY-ST-ZIP WINTER PK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VCH
NAME JONES, TIM
STREET ADDRESS 5500 DEAN RD
CITY-ST-ZIP OVIEDO FL 32765 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ALMAND, CHARLES
STREET ADDRESS PO BOX 1611
CITY-ST-ZIP SANFORD FL 32772 ☐ Delete

TITLE
NAME
STREET ADDRESS 1297 GRAND ROAD
CITY-ST-ZIP WINTER PARK FL 32792 ☒ Change ☐ Addition

TITLE D
NAME ROSS, ROBERT W
STREET ADDRESS 203 HERRELL RD
CITY-ST-ZIP WINTER SPGS FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert W. Ross, Pastor of Church, 4-17-01 (407) 699-5039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90125 004 ****70.00



DO NOT WRITE IN THIS SPACE