

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748904

1. Entity Name

LIGHTHOUSE COMMUNITY CHURCH OF SEMINOLE COUNTY, INC.

Principal Place of Business

Mailing Address

4600 GABRIELLA ROAD  
OVIDO 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.~~  
~~2048 STARWOOD DR.~~  
~~OVIDO FL 32765~~

Name CHARLES ALMAND

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

1297 GRAND RD.

City WINTER PARK

FL

Zip Code 32792

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

CHARLES ALMAND, DIRECTOR

4-21-02

(NOTE: Registered Agent signature required when reinstating)

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

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

TITLE D ☐ Delete  
NAME ALMAND, CHARLES  
STREET ADDRESS 1297 GRAND RD.  
CITY-ST-ZIP WINTER PARK FL 32792

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

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

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME HARRY O CHRISTENSON IV  
STREET ADDRESS 1159 SAN BLAS COVE  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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: [Signature] CHARLES ALMAND, DIRECTOR 4-22-02 407-681-1435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)