FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90015 012 ****61.25

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DOCUMENT # **758987**

1. Corporation Name

LIGHTHOUSE BAPTIST CHURCH AND MINISTRIES, INC.

Principal Place of Business	Mailing Address
33530 CR 44-B EUSTIS FL 32726-9701	33530 CR 44-B EUSTIS FL 32726-9701

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/30/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2352626 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WATKINS, MICHAEL W
33321 WESLEY RD.
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WATKINS, MICHAEL W		1.2 NAME		
STREET ADDRESS	33321 WESLEY RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		1.4 CITY-ST-ZIP		
TITLE	DT	☑ DELETE	2.1 TITLE	DT	☑ Change ☐ Addition
NAME	JACKSON, CURTIS		2.2 NAME	Roy Hovner	
STREET ADDRESS	3221 NORTHWIND DR		2.3 STREET ADDRESS	1410 County Rd.	
CITY-ST-ZIP	EUSTIS FL		2.4 CITY-ST-ZIP	Tavares Fl. 32778	
TITLE	ST	☑ DELETE	3.1 TITLE	ST	☑ Change ☐ Addition
NAME	DWYER, MARGARET		3.2 NAME	Jolyn Watkins	
STREET ADDRESS	11905 LINDA AVE.		3.3 STREET ADDRESS	33321 Wesley Rd.	
CITY-ST-ZIP	TAVARES FL 32778		3.4 CITY-ST-ZIP	Eustis Fl.	
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, ORLANDO		4.2 NAME		
STREET ADDRESS	1260 MORNINGSIDE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL 32757		4.4 CITY-ST-ZIP		
TITLE	DTT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOUGH, LAWRENCE R.		5.2 NAME		
STREET ADDRESS	42314 HAWKINS RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Michael Watkins SIGNATURE REQUIRED Michael Watkins 2-19-99 352-383-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #