

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758987

1. Entity Name

LIGHTHOUSE BAPTIST CHURCH AND MINISTRIES, INC.

Principal Place of Business

33530 CR 44-B
EUSTIS FL 32726-9701

Mailing Address

33530 CR 44-B
EUSTIS FL 32736-7241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WATKINS, MICHAEL W
33321 WESLEY RD.
EUSTIS FL 32726

4. FEI Number

59-2352626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

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

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

TITLE	PD	☐ Delete
NAME	WATKINS, MICHAEL W	
STREET ADDRESS	33321 WESLEY RD.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	DT	☐ Delete
NAME	HORNER, ROY	
STREET ADDRESS	1410 COUNTY RD	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	ST	☐ Delete
NAME	WATKINS, JOLYN	
STREET ADDRESS	33321 WESLEY RD	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	DT	☐ Delete
NAME	ANDREWS, ORLANDO	
STREET ADDRESS	1260 MORNINGSIDE ST	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	DTT	☐ Delete
NAME	HOUGH, LAWRENCE R.	
STREET ADDRESS	42314 HAWKINS RD	
CITY-ST-ZIP	ALTOONA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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)(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:

Michael W. Watkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90001 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)