

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90023 026 ****61.25

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 32726-9701

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

59-2352626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, MICHAEL W
33321 WESLEY RD.
EUSTIS FL 32726

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WATKINS, MICHAEL W
STREET ADDRESS 33321 WESLEY RD.
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE DT
NAME HORNER, ROY
STREET ADDRESS 1410 COUNTRY RD
CITY-ST-ZIP TAVARES FL 32778 ☒ Delete

TITLE FS
NAME OQUIN, DORTHY L
STREET ADDRESS 11335 SOUTH EM EN EL GROVE RD
CITY-ST-ZIP LEESBURG FL 34-7888 ☐ Delete

TITLE DT
NAME ANDREWS, ORLANDO
STREET ADDRESS 1260 MORNINGSIDE ST
CITY-ST-ZIP MT DORA FL 32757 ☐ Delete

TITLE DTT
NAME HOUGH, LAWRENCE R.
STREET ADDRESS 42314 HAWKINS RD
CITY-ST-ZIP ALTOONA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: *Michael Watkins* Michael Watkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04

Date

352-383-3838

Daytime Phone #