## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jul 07, 2006 8:00 am Secretary of State **DOCUMENT # 758987** 1. Entity Name 07-07-2006 90003 046 \*\*\*\*61.25 LIGHTHOUSE BAPTIST CHURCH AND MINISTRIES. Principal Place of Business Mailing Address 33530 CR 44-B 33530 CR 44-B EUSTIS FL 32726-9701 EUSTIS FL 32726-9701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2352626 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATKINS, MICHAEL W 33321 WESLEY RD. Street Address (P.O. Box Number is Not Acceptable) EUSTIS FL 32726 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. П Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change ☐ Addition WATKINS, MICHAEL W NAME 33321 WESLEY RD. STREET ADDRESS STREET ADDRESS EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Watking Jolyn 33321 Wesley Rdi 51. 32726 ☐ Change 4 Addition OQUIN, DORTHY L NAME NAME 11335 SOUTH EM EN EL GROVE RD STREET ADDRESS STREET ADDRESS LEESBURG FL 34-7888 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition ANDREWS, ORLANDO NAME STREET ADDRESS 1260 MORNINGSIDE ST STREET ADDRESS MT DORA FL 32757 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HOUGH, LAWRENCE R. NAME NAME STREET ADDRESS 42314 HAWKINS RD STREET ADDRESS CITY-ST-ZIP ALTOONA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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\*\*

\*\*Authors\*\*

6-22-06

352-383-3838