


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90009 026 ****70.00

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 - No P.O. Box # 18530 SR 44 Suite, Apt. #, etc.	3. Mailing Address 18530 SR 44 Suite, Apt. #, etc.	
City & State EUSTIS, FL Zip 32736	City & State EUSTIS, FL Zip 32736	Country USA
4. FEI Number 59-3496479		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 WATKINS, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 21739 BELGIAN COURT City MOUNT DORA FL Zip Code 32757		
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 <u>Michael W. Watkins</u> Michael W. Watkins 3/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATKINS, MICHAEL W 33321 WESLEY RD. EUSTIS, FL 32726	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS WATKINS, JOLYN 33321 WESLEY RD EUSTIS, FL 32726	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDREWS, ORLANDO 1260 MORNINGSIDE ST MT DORA, FL 32757	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTT HOUGH, LAWRENCE R. 42314 HAWKINS RD ALTOONA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATKINS, MICHAEL W 21739 BELGIAN COURT MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS WATKINS, JOLYN 21739 BELGIAN COURT MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Jolyn Watkins</u> Jolyn Watkins 3/28/08 352-383-3838 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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