

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758987

FILED
Sep 15, 2009
Secretary of State

Entity Name: LIGHTHOUSE BAPTIST CHURCH AND MINISTRIES, INC.

Current Principal Place of Business:

18530 SR 44
EUSTIS, FL 32736

New Principal Place of Business:

Current Mailing Address:

18530 SR 44
EUSTIS, FL 32736

New Mailing Address:

FEI Number: 59-3496479 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WATKINS, MICHAEL W
21739 BELGIAN COURT
MOUNT DORA, FL 32757 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATKINS, MICHAEL W
Address: 21739 BELGIAN COURT
City-St-Zip: MOUNT DORA, FL 32757

Title: FS () Delete
Name: WATKINS, JOLYN
Address: 21739 BELGIAN COURT
City-St-Zip: MOUNT DORA, FL 32757

Title: DT () Delete
Name: ANDREWS, ORLANDO
Address: 1260 MORNINGSIDE ST
City-St-Zip: MT DORA, FL 32757

Title: DTT () Delete
Name: HOUGH, LAWRENCE R.
Address: 42314 HAWKINS RD
City-St-Zip: ALTOONA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. WATKINS

PD

09/15/2009

Electronic Signature of Signing Officer or Director

Date