## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#763148**

FILED Apr 12, 2006 Secretary of State

Entity Name: THE LIGHTHOUSE FOR TRUTH, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O D ALLEN 3501 THERESA LN INVERNESS, FL 34452

Current Mailing Address: New Mailing Address:

C/O D ALLEN 3501 THERESA LN INVERNESS, FL 34452

FEI Number: 59-2920531 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLEN, DAVID R SR 3501 THERESA LANE INVERNESS, FL 34452 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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 ALLEN, DAVID R SR
 Name:
 ALLEN, DAVID R SR

 Address:
 3501 THERESA LN
 Address:
 3501 THERESA LN

Address: 3501 THERESA LN Address: 3501 THERESA LN
City-St-Zip: INVERNESS, FL City-St-Zip: INVERNESS, FL 33452

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: ALLEN, VIRGINIA Name: ALLEN, VIRGINIA

Address: 3501 THERESA LN
City-St-Zip: INVERNESS, FL

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 ALLEN, QUINTON D
 Name:
 ALLEN, QUINTON D

 Address:
 3501 THERESA LN
 Address:
 3501 THERESA LN

 City-St-Zip:
 INVERNESS, FL
 City-St-Zip:
 INVERNESS, FL
 34452

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID R ALLEN SR PD 04/12/2006