

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 765421**

1. Entity Name  
PENTECOSTAL LIGHTHOUSE OF DUNEDIN, INC.



Principal Place of Business

2801 COUNTY RD. #1  
DUNEDIN, FL 34698

Mailing Address

PO BOX 746  
2801 COUNTY RD #1  
DUNEDIN, FL 34697



04022008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2073833

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, RAYMOND  
1534 COASTAL PLACE  
DUNEDIN, FL 34698

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000884168  
04/17/08-80033-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	LAUGHLIN-SCOTT, SHIRLEY A
STREET ADDRESS	P.O. BOX 183
CITY-ST-ZIP	DUNEDIN, FL 34697
TITLE	PD
NAME	HAWKINS, RAYMOND H
STREET ADDRESS	1534 COASTAL PLACE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	T
NAME	KINNECOM, ROBERT
STREET ADDRESS	997 SANTA MONICA CT
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Shirley Laughlin-Scott* - SHIRLEY LAUGHLIN-SCOTT

4/2/08

1-727-735-9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #