

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90024 031 ****61.25

DOCUMENT # 766524

1. Entity Name
THE MASTERS' LIGHTHOUSE, INC.



Principal Place of Business
2130 CROWSNEST DRIVE
PALM HARBOR, FL 34685 US

Mailing Address
2130 CROWSNEST DRIVE
PALM HARBOR, FL 34685 US

00010778



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2961552

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARDUA, PAUL N.
2130 CROWSNEST DRIVE
PALM HARBOR, FL 34685

**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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BARDUA, PAUL N.
2130 CROWSNEST DRIVE
PALM HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
BLACKMER, RUTH
7401-21ST STREET NO.
ST. PETERSBURG, FL 33702

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BARDUA, PHILLIP J
7701 STARKEY RD., #309
SEMINOLE, FL 33777

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-29-2007 727-366-1401