

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**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**



03192008 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000876053  
04/11/08-80059-002 61.25**

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:

*Paul N. Bardua*  
**PAUL N. BARDUA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-26-2008 727-366-1401**

Date

Daytime Phone #