

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766557

1. Entity Name

THE LIGHTHOUSE CHURCH, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90021 021 ****61.25

Principal Place of Business

Mailing Address

38 HUDSON STREET
ORLA VISTA FL 32808
US

4340 RIXEY STREET
ORLANDO FL 32803-4367



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

The Lighthouse Church Inc 4340 Rixey Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

38 Hudson Street

Orlando FL

City & State

City & State

Orla Vista

Zip

Country

Orange

Zip

32803

Country

Orange

4. FEI Number

36-3645400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDLES, BEATRICE
4340 RIXEY STREET
ORLANDO FL 32803

Name Beatrice Sandles

Street Address (P.O. Box Number is Not Acceptable)

4340 Rixey Street

City Orlando

FL

Zip Code 32803

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.

SIGNATURE

Beatrice Sandles

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SANDLES, BEATRICE
STREET ADDRESS 4340 RIXEY ST
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WEST, MARCELLA
STREET ADDRESS 5066 VANGUARD ST.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME BRICE, GERTIE
STREET ADDRESS 104 LANCELOT AVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Beatrice Sandles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/98)