

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766557

1. Entity Name

THE LIGHTHOUSE CHURCH, INC.

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90094 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

38 HUDSON STREET  
ORLA VISTA FL 32808  
US

4340 RIXEY STREET  
ORLANDO FL 32803

2. Principal Place of Business

38 Hudson Street  
Suite, Apt. #, etc.

3. Mailing Address

4340 Rixey Street  
Suite, Apt. #, etc.

City & State

Orla Vista, FL

City & State

Orlando, FL

Zip

32811

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

SANDLES, BEATRICE  
4340 RIXEY STREET  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Rev 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

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

TITLE VD  
NAME WEST, MARCELLA ☐ Delete  
STREET ADDRESS 5008 VANGUARD ST.  
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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 (9/01)