

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000005011**

1. Entity Name

THE LIGHTHOUSE PRAISE AND WORSHIP CENTER, INC.

Principal Place of Business

**124 W. ERWIN
KINGFISHER OK 73750**

Mailing Address

**124 W. ERWIN
KINGFISHER OK 73750**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-1207957

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

**WALL, RANDOLPH
1208 CACTUS ST.
KEY LARGO FL 33037**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP**P
SHAHER, ROBERT E
124 W. ERWIN
KINGFISHER OK 73750**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
MCDONALD, EDWIN
512 CHISHOLM
KINGFISHER OK 73750**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TS
GEIS, TIM
RT. 4, BOX 157
KINGFISHER OK 73750**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
INGLE, DAVID
RT. 1, BOX 110
DOVER OK 73734**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
POTTER, DONNA
1203 W. FAY AV.
KINGFISHER OK 73750**☐ DeleteTITLE
NAME
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CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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:

Robert Shafer (Robert Shafer)

Date

Daytime Phone #

CR2E037 (10/00)