

2002 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

Zip

Country

Zip

Country

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 P ☐ Delete
NAME SHAFER, ROBERT E
STREET ADDRESS 124 W. ERWIN
CITY-ST-ZIP KINGFISHER OK 73750

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

TITLE D ☐ Delete
NAME MCDONALD, EDWIN
STREET ADDRESS 512 CHISHOLM
CITY-ST-ZIP KINGFISHER OK 73750

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

TITLE TS ☐ Delete
NAME GEIS, TIM
STREET ADDRESS RT. 4, BOX 157
CITY-ST-ZIP KINGFISHER OK 73750

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

TITLE D ☐ Delete
NAME INGLE, DAVID
STREET ADDRESS RT. 1, BOX 110
CITY-ST-ZIP DOVER OK 73734

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

TITLE D ☐ Delete
NAME POTTER, DONNA
STREET ADDRESS 1203 W. FAY AV.
CITY-ST-ZIP KINGFISHER OK 73750

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90049 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)