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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lighthouse Gospel Fellowship, Ltd. (Name of Corporation – must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.	
Please return all correspondence concerning this matter to the following:	
Rev. John Nolte	
(Name of Person)	
1004-21巻/監	-31
(Firm/Company)	-[7
Mail Box 292	2
(Address)	m.
	>
Ellison Bay, WI 54210 (City/State and Zip Code)	_
(City, State and Lip Code)	
For further information concerning this matter, please call:	
John Nolte at (920) 246-4911 (Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	- <u>-</u>
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\Boxed{\sigma} \$78.75 Filing Fee & \$\Boxed{\sigma} \$87.50 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 2, 2004

REV. JOHN NOLTE MAIL BOX 292 ELLISON BAY, WI 54210

SUBJECT: LIGHTHOUSE GOSPEL FELLOWSHIP, LTD.

Ref. Number: W04000021271

DIVISION OF CORPORATIONS

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We have received your document for LIGHTHOUSE GOSPEL FELLOWSHIP, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please note that this additional suffix is for use in Florida only, and does not affect your filing in Wisconsin in any way. We are returning your Credential because it is not the same as the Certificate we require. The certificate we require is issued by the Wisconsin Department of Financial Institutions; a sample copy is enclosed.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

We are returning your Credential because it is not the same as the Certificate we require. The certificate we require is issued by the Wisconsin Department of Financial Institutions; a sample copy is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers

Document Specialist

Letter Number: 504A00037908

DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Lighthouse Gospel F (Name of corporation: must include the in language as will clearly indicate that i present. "Company" or "Co." may not be	IL IS A COLOULAUUH HISICAU	OL A HAUHAI DELM	m or barroersmin it not so ci	viations of like ontained in the	te import ne name at
2 Wisconsin	3	39-17309	12		
2. (State or country under the law of which	h it is incorporated)		(FEI number, if applic	able)	
4. Jan. 17, 1992	5.	Perpetua:	1.		_
(Date of Incorporation)	12.	(Duration: Y	L ear corp. will cease to exis	t or "perpetu:	al")
6. Pending Approval		-			
(Date corporation first conducted	Affairs in Florida - See se	ections 617.1501,	617.1502, and 817.155, F.	.S.)	 - ·
7. 11339 Homestead D			54210		 -
P O Box 292 , El	lison Bay, WI	54210			
g. Sommunicate the C	Christian Messa on authorized in home sta	age, Help	e carried out in the state of	6	NVISION OF CORRC
Name: J. Nolte	, —				STATE
Office Address: 2576 Golf Cou	rse Drive.		##T - 7 . 11 to 1		* * * *
Sarasota, FL (Ci		Florida	(Zip Code)	 ,	- ~ ***
10 Destatores and the second					

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman:_	John Nolte		
Address:	11339 Homestead Dr., E	Illison Bay, WI 54210	
Vice Chairn	_{nan:} Gaydean Nolte, 11339	Homestead Dr. Ellison Bay, WI	
Address:		a the contract of the contract	·
Director:	Frieda Nolte		· · · · · · · · · · · · · · · · · · ·
Address:	2576 Golf Course Drive	e, Sarasota, FL 34234	0 UN'S
Director:			JUL OF THE
Address:	2576 Golf Course Drive	Sarasota, FL 34234	F CORPOR
B. OFFI	CERS		THE THE STATE OF T
President:	John Nolte		
Address:	same		
Vice Preside	ent:_Gaydean_Nolte		
Address:			
Secretary:			
Address:	same ,		
Treasurer:_	Gaydean Nolte		
Address:	same		
NOTE: If	necessary, you may attach an addendur	m to the application listing additional officers and/or	lirectors.
13	(Signature of Chairman, Nice Chair	man, or any officer listed in number 12 of the applica	tion)
14	John Nolte	ne and capacity of person signing application)	

Jim Doyle Goyernor

Donsia Strong Hill Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



1400 East Washington Ave PO Box 8935 Madison WI 53708-8935

Email: web@drl.state.wi.us Voice: 608-266-2112 FAX: 608-267-0644 TTY: 608-267-2416

CERTIFICATION

06/21/2004

I, Patricia Hoeft, do hereby certify that I am the administrator for the Division of Business Licensure and Regulation and Licensing, a department of the government of the State of Wisconsin; that I am the custodian of the records of the Charitable Organizations and its seal; that a standard search of the available records of this office indicates the following:

THIS IS TO CERTIFY THAT:

LIGHTHOUSE GOSPEL FELLOWSHIP LTD

WAS ISSUED LICENSE NO:

4246

CODE DESCRIPTION

ON:

22-OCT-93

CREDENTIAL TYPE:

DATE

Charitable Organization

LICENSE EXPIRATION DATE: 31-JUL-05

Credential Holder History Section

PRIMARY DESCRIPTION

SECONDARY DESCRIPTION

According to our records this credential holder has not been disciplined.

The information above is the only certification information provided by this Department. To expedite the pertification process, the above format is the standard format for all professions regulated by this Department.

SEAL

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, Division Administrator