## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000003775

FILED Jan 13, 2005 Secretary of State

Entity Name: LIGHTHOUSE GOSPEL FELLOWSHIP LTD, INCORPORATED

Current Principal Place of Business:			New Principa	New Principal Place of Business:	
11339 HOMESTEAD DRIVE ELLISON BAY, WI 54210				12404 NORTHERN DOOR RD	
ELLISON	BAY, WI 54210	J	ELLISON BAY	, VVI 54210	
Current N	/lailing Addres	s:	New Mailing	Address:	
PO BOX 2	292				
	BAY, WI 54210	)			
El Number	r: 39-1730912	FEI Number Applied For()	FEI Number Not Applicab	le ( ) Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and Ad	dress of New Registered Agent:	
	OHN .F COURSE DF TA, FL 34234	RIVE US			
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its re	egistered office or registered agent, or both,	
SIGNATU	RE:				
		ic Signature of Registered Age	nt	Date	
OFFICER				Date:	
OFFICER Fitle: Vame: Address: City-St-Zip:	Electron	TORS: Delete TEAD DR.			
Fitle: Name: Nddress:	Electron  S AND DIREC  PCS ()  NOLTE, JOHN 11339 HOMEST ELLISON BAY,	TORS:  Delete  FEAD DR.  WI 54210  Delete EAN  URSE DRIVE	ADDITIONS/O Title: Name: Address:	HANGES TO OFFICERS AND DIRECTOR	
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress:	Electron  S AND DIREC  PCS ()  NOLTE, JOHN 11339 HOMES ELLISON BAY,  VCVT ()  NOLTE, GAYDE 2576 GOLF CO SARASOTA, FL	Delete  FEAD DR. WI 54210  Delete EAN URSE DRIVE 34234  Delete A URSE DRIVE	ADDITIONS/O  Title: Name: Address: City-St-Zip:  Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTOR:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN NOLTE P 01/13/2005