

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003775

FILED
Jan 17, 2006
Secretary of State

Entity Name: LIGHTHOUSE GOSPEL FELLOWSHIP LTD, INCORPORATED

Current Principal Place of Business:

12404 NORTHERN DOOR RD
ELLISON BAY, WI 54210

New Principal Place of Business:

Current Mailing Address:

PO BOX 292
ELLISON BAY, WI 54210

New Mailing Address:

FEI Number: 39-1730912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLTE, JOHN
2576 GOLF COURSE DRIVE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCS () Delete
Name: NOLTE, JOHN
Address: 11339 HOMESTEAD DR.
City-St-Zip: ELLISON BAY, WI 54210

Title: VCVT () Delete
Name: NOLTE, GAYDEAN
Address: 2576 GOLF COURSE DRIVE
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: NOLTE, FRIEDA
Address: 2576 GOLF COURSE DRIVE
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: NOLTE, GERALD
Address: 2576 GOLF COURSE DRIVE
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCS (X) Change () Addition
Name: NOLTE, JOHN
Address: 12404 NORTHERN DOOR ROAD.
City-St-Zip: ELLISON BAY, WI 54210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

PCS

01/17/2006

Electronic Signature of Signing Officer or Director

Date