2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# F04000003775

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:

2270 GRIFFIN RD.
#522
LAKELAND, FL 33810

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
2270 GRIFFIN ROAD #522
LAKELAND, FL 33810 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:	12404 NORTHERN DOOR ROAD.	
City-St-Zip:	ELLISON BAY, WI 54210	
Title:	VCVT	( ) Delete
Name:	NOLTE, GAYDEAN	
Address:	2270 GRIFFIN ROAD #522	
City-St-Zip:	LAKELAND, FL 33810	
Title:	D	( ) Delete
Name:	NOLTE, FRIEDA	
Address:	2606 GOLF COURSE DRIVE	
City-St-Zip:	SARASOTA, FL 34234	
Title:	D	( ) Delete
Name:	NOLTE, GERALD	
Address:	2606 GOLF COURSE DRIVE	
City-St-Zip:	SARASOTA, FL 34234	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 01/19/2009

Electronic Signature of Signing Officer or Director — Date