2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002554

Apr 20, 2009 Secretary of State

Entity Name: THE LIGHTHOUSE OF JESUS CHRIST, INC

Current Principal Place of Business: New Principal Place of Business:

25871 CREEKBEND DR. BONITA SPRINGS, FL 34135

Current Mailing Address: New Mailing Address:

25871 CREEKBEND DR BONITA SPRINGS, FL 34135

FEI Number: 35-1679238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRASS, MARTHA R 25871 CREEKBEND DR. BONITA SPRINGS, FL 34135 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition DROWN, RONALD L DROWN, RONALD L Name: Name: Address: 4301 SALLY AVE. SOUTH Address: 25871 CREEKBEND DR City-St-Zip: LEHIGH ACRES, FL 33976 City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete Title: (X) Change () Addition

Name: DROWN, NATHAN L Name: DROWN, NATHAN L Address: 17264 PHIOX DR. Address: 17264 PHLOX DR. City-St-Zip: FT. MYERS, FL 34135 City-St-Zip: FT. MYERS, FL 34135

Title: () Delete Title: () Change () Addition

HAMMOND, MELISSA Name: Name: Address: 3410 SW 14TH PL. Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: GRASS, MARTHA Name: 25871 CREEKBEND DR. Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 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: MARTHA R GRASS Т 04/20/2009