


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90211 029 ****61.25

DOCUMENT # N00000000949 1. Entity Name LIGHT HOUSE CAFE MINISTRIES OF THE GLADES, INC.					
Principal Place of Business CORNER OF SW AVE 8 PLACE AT 4TH ST. BELLE GLADE, FL 33430			Mailing Address 155 BACOM POINT ROAD P.O. BOX 579 PAHOKEE, FL 33476		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0980934	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOHMANN, BRIAN 1109 N.E. 2ND STREET BELLE GLADE, FL 33430			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, PAUL		NAME		
STREET ADDRESS	33 NE AVE 1		STREET ADDRESS		
CITY - ST - ZIP	BELLE GLADE, FL 33430		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGLETON, GETCHRELL		NAME		
STREET ADDRESS	224 SW 12 ST.		STREET ADDRESS		
CITY - ST - ZIP	BELLE GLADE, FL 33430		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOHMANN, BRIAN		NAME		
STREET ADDRESS	1109 N.E. 2ND STREET		STREET ADDRESS		
CITY - ST - ZIP	BELLE GLADE, FL 33430		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, ROOSEVELT		NAME		
STREET ADDRESS	672 SW 9TH ST.		STREET ADDRESS		
CITY - ST - ZIP	BELLE GLADE, FL 33430		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIOTT, DESMOND		NAME		
STREET ADDRESS	102 BROOKWOOD AVE.		STREET ADDRESS		
CITY - ST - ZIP	ROYAL PALM BEACH, FL 33411		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEEKS, MARTHA LYNN		NAME		
STREET ADDRESS	PO BOX 157		STREET ADDRESS		
CITY - ST - ZIP	LAKE HARBOR, FL 33459		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, and is otherwise empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Paul Allen Date: 05/01/06 Daytime Phone #: 561-924-2455		

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