

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000000949					
1. Entity Name LIGHT HOUSE CAFE MINISTRIES OF THE GLADES, INC.					
Principal Place of Business CORNER OF SW AVE B 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 - No P.O. Box #		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		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	NAME ALLEN, PAUL	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 33 NE AVE 1	BELLE GLADE, FL 33430		STREET ADDRESS 	U000000937709 05/27/08-80061-012 61.25	
CITY - ST - ZIP	BELLE GLADE, FL 33430		CITY - ST - ZIP		
TITLE D	NAME SINGLETON, GETCHRELL	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 224 SW 12 ST.	BELLE GLADE, FL 33430		STREET ADDRESS 		
CITY - ST - ZIP	BELLE GLADE, FL 33430		CITY - ST - ZIP		
TITLE TD	NAME LOHMANN, BRIAN	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1109 N.E. 2ND STREET	BELLE GLADE, FL 33430		STREET ADDRESS 		
CITY - ST - ZIP	BELLE GLADE, FL 33430		CITY - ST - ZIP		
TITLE D	NAME JONES, ROOSEVELT	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 672 SW 9TH ST.	BELLE GLADE, FL 33430		STREET ADDRESS 		
CITY - ST - ZIP	BELLE GLADE, FL 33430		CITY - ST - ZIP		
TITLE D	NAME HARRIOTT, DESMOND	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 102 BROOKWOOD AVE.	ROYAL PALM BEACH, FL 33411		STREET ADDRESS 		
CITY - ST - ZIP	ROYAL PALM BEACH, FL 33411		CITY - ST - ZIP		
TITLE D	NAME WEEKS, MARTHA LYNN	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 157	LAKE HARBOR, FL 33459		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, with all other like empowered.					
SIGNATURE: _____			Date: 04/28/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 561-924-2455		