

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000949

FILED
Apr 28, 2009
Secretary of State

Entity Name: LIGHT HOUSE CAFE MINISTRIES OF THE GLADES, INC.

Current Principal Place of Business:

CORNER OF SW AVE B PLACE AT 4TH ST.
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

155 BACOM POINT ROAD
P.O. BOX 579
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 65-0980934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOHMANN, BRIAN
1109 N.E. 2ND STREET
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

ALLEN, PAUL PD
33 NE AVE 1
BELLE GLADE, FL 33430 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: PAUL ALLEN

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLEN, PAUL
Address: 33 NE AVE 1
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: SINGLETON, GETCHRELL
Address: 224 SW 12 ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: TD (X) Delete
Name: LOHMANN, BRIAN
Address: 1109 N.E. 2ND STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: JONES, ROOSEVELT
Address: 672 SW 9TH ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: HARRIOTT, DESMOND
Address: 102 BROOKWOOD AVE.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: WEEKS, MARTHA LYNN
Address: PO BOX 157
City-St-Zip: LAKE HARBOR, FL 33459

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
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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: PAUL ALLEN

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date