

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000949

FILED  
Apr 27, 2011  
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:**

135 BACOM POINT ROAD 2ND FLOOR  
P.O. BOX 220  
PAHOKEE, FL 33476

**FEI Number:** 65-0980934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

ALLEN, PAUL PD  
13348 HWY. 441 NORTH  
CANAL POINT, FL 33438 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

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALLEN, PAUL  
Address: 13348 HWY. 441 NORTH  
City-St-Zip: CANAL POINT, FL 33438

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL ALLEN

PD

04/27/2011

Electronic Signature of Signing Officer or Director

Date