

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90098 013 ****61.25

DOCUMENT # N00000003947

1. Entity Name

LIGHTHOUSE PRAYER AND HEALING MINISTRIES, INC.

Principal Place of Business

**7976 - 96TH AVENUE
 VERO BEACH FL 32958**

Mailing Address

**7976 - 96TH AVENUE
 VERO BEACH FL 32958**

C0007188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1017655

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VANDEVOORDE, RENE' G
 1327 N. CENTRAL AVENUE
 SEBASTIAN FL 32958**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
 NAME **BALKWILL, ELAINE**
 STREET ADDRESS **7976 - 96TH AVENUE**
 CITY-ST-ZIP **VERO BEACH FL 32958**

TITLE **VD** ☐ Delete
 NAME **LYLE, MIKE**
 STREET ADDRESS **421 GEORGIA BLVD.**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **TD** ☐ Delete
 NAME **GOUGH, DANIEL**
 STREET ADDRESS **14460 - 80TH AVENUE**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SID DANIEL G. GOUGH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/01 (561) 589-0836
 Date Daytime Phone #

CR2E037 (10/00)