

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90061 015 ****70.00

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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

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
65-1017655

Applied For
Not Applicable

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

BALKWILL, ELAINE
7976 96TH AVENUE
VERO BEACH FL 32967

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

ELAINE BALKWILL

Elaine Balkwill

1/29/04

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida 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**

ADDRESS CHANGE →

TITLE **TD** ☐ Delete
NAME **HARRISON, NADINE**
STREET ADDRESS **1731 MISTLETOE ST**
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 **LYLE, MIKE**
STREET ADDRESS **8075-95th CT.**
CITY-ST-ZIP **VERO BEACH, FL 32967**

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Elaine Balkwill **ELAINE BALKWILL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04

Date

(772)388-0206
(772)562-9054

Daytime Phone #