

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90020 007 ****61.25

DOCUMENT # N00000004375

1. Entity Name

HALIFAX LIGHTHOUSE MINISTRIES, INC.

Principal Place of Business

1321 10 STREET
 HOLLY HILL FL 32117

Mailing Address

1321 10 STREET
 HOLLY HILL FL 32117

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3696065

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THAMES, BUFORD E SR
 1321 10 STREET
 HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 | PD | <input type="checkbox"/> Delete |
| NAME | THAMES, BUFORD E SR | |
| STREET ADDRESS | 1321 10 STREET | |
| CITY-ST-ZIP | HOLLY HILL FL 32117 | |
| TITLE | VSTD | <input type="checkbox"/> Delete |
| NAME | THAMES, FRANCES C | |
| STREET ADDRESS | 1321 10 STREET | |
| CITY-ST-ZIP | HOLLY HILL FL 32117 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THAMES, DREMA L | |
| STREET ADDRESS | 994 DEER SPRINGS ROAD | |
| CITY-ST-ZIP | PORT ORANGE FL 32119 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THAMES, RONALD D | |
| STREET ADDRESS | 994 DEER SPRINGS ROAD | |
| CITY-ST-ZIP | PORT ORANGE FL 32119 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Buford Thames*

7-5-02

386-255-3003

CR2E037 (4/02)