

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

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90022 014 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3696065

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required



MOORE CR2E037 (11/03)

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

**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 PD  
NAME THAMES, BUFORD E SR  
STREET ADDRESS 1321 10 STREET  
CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Delete

TITLE VSTD  
NAME THAMES, FRANCES C  
STREET ADDRESS 1321 10 STREET  
CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Delete

TITLE D  
NAME THAMES, DREMA L  
STREET ADDRESS 994 DEER SPRINGS ROAD  
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

TITLE D  
NAME THAMES, RONALD D  
STREET ADDRESS 994 DEER SPRINGS ROAD  
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME THAMES, FRANCES C  
STREET ADDRESS 1321 10th St  
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE VSTD ☒ Change ☐ Addition  
NAME THAMES, RONALD D  
STREET ADDRESS 4186 MAYFAIR PORT ORANGE FL  
CITY-ST-ZIP 32139

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

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

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

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

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: *Frances C. Thames PD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04 386 255-3003

Date Daytime Phone #