## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000003766

Entity Name: VOICES OF LIGHTHOUSE CDC INC

FILED Jul 21, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
4530 NW 11TH STREET LAUDERHILL, FL 33313					
Current Mailing Address:			New Mailing Address:		
4530 NW 11TH STREET LAUDERHILL, FL 33313					
FEI Number: (	65-1109982	FEI Number Applied For ( ) FEI Num	nber Not Applic	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and A				Address of New Registered Agent:	
LEE, NILKA 4530 NW 11TH STREET LAUDERHILL, FL 33313					
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:					
	Electronic	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () E HOLWADEL, PAU 555 NORTH DIXI OAKLAND PARK	E HIGHWAY	Title: Name: Address: City-St-Zip:	D. (X) Change ( ) Addition WILLIAMS, JIMMIE L PRES. 1551 SW 189TH TERRACE PEMBROKE PINES, FL 33029	
Title: Name: Address: City-St-Zip:	D ()ERENNERT, GERA 9283 SW 1ST ST PLANTATION, FL	REET	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition JAMES, RANDY DR. 16225 NW 64TH AVENUE #135 MIAMI LAKES, FL 33014	
Title: Name: Address: City-St-Zip:	D () E KING, WILLIAM 8840 NW 13 STR PLANTATION, FL		Title: Name: Address: City-St-Zip:	O (X) Change ( ) Addition SMART, MARK 237 SW 3RD PLACE DANIA, FL 33004	
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip:	O () Change (X) Addition LEE, NILKA DR. 4530 NW 11TH STREET LAUDERHILL, FL 33313	
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition WILLIAMS, JASMINE L 1551 SW 189TH TERRACE PEMBROKE PINES, FL 33029	
Title: Name: Address: City-St-Zip:	( ) [	Delete	Title: Name: Address: City-St-Zip:	O () Change (X) Addition GOLDWARE, LASHUN 17922 NW 48TH PLACE OPA LOCKA, FL 33055	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NILKA LEE O 07/21/2003