


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005359	
1. Entity Name CALVARY CHAPEL LIGHTHOUSE, INC.	

Principal Place of Business 747 BAYWOOD CIRCLE SANFORD, FL 32773	Mailing Address 747 BAYWOOD CIRCLE SANFORD, FL 32773
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3736592	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMIREZ, WILL 747 BAYWOOD CIRCLE SANFORD, FL 32773	DO NOT WRITE IN THIS SPACE
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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 William Ramirez **DATE** 6/29/04

Signature, typed or printed name of registered agent and type is applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAMIREZ, WILLIAM
STREET ADDRESS	747 BAYWOOD CIRCLE
CITY - ST - ZIP	SANFORD, FL 32773
TITLE	D
NAME	JESTUS, MIKE
STREET ADDRESS	2008 HARTWELL AVENUE
CITY - ST - ZIP	SANFORD, FL 32771
TITLE	D
NAME	HAMMOND, MIKE
STREET ADDRESS	4087 BELLE MEAD COURT
CITY - ST - ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: William Ramirez William Ramirez **DATE** 6/29/04 **Daytime Phone #** 407-302-924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR