2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State
01-31-2003 90139 040 ****70.00

1/

DOCUMENT # N01000008098

1. Entity Name

PENTECOSTAL LIGHTHOUSE FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
476 TOWERING PINES DR. JACKSONVILLE FL 32220	476 TOWERING PINES DR. JACKSONVILLE FL 32220

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1236 Leeda Drive	1236 Leeda Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville,FL	City & State: Jacksonville, FL
Zip: 32254 Country:	Zip: 32254 Country:

4. FEI Number 04-3589753 ☐ 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
SPRATLIN, JOHN P SR 1236 LEEDA DR. JACKSONVILLE FL 32254	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	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRATLIN, JOHN P SR 476 TOWERING PINES DR. JACKSONVILLE FL 32220	☒ Delete	TITLE B NAME STREET ADDRESS CITY-ST-ZIP	Hughie Stiefel 1236 Leeda Drive Jacksonville FL 32254	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRATLIN, JOHN P JR 476 TOWERING PINES DR. JACKSONVILLE FL 32220	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	John P Spratlin SR 1236 Leeda Drive Jacksonville FL 32254	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRATLIN, TIMOTHY 476 TOWERING PINES DR. JACKSONVILLE FL 32220	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Wilbur Wayne Spratlin 1236 Leeda Drive Jacksonville FL 32254	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STIEFEL, HUGHIE 476 TOWERING PINES DR. JACKSONVILLE FL 32220	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E007 (10/02)

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: John P Spratlin 1-28-03 904-695-9840
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #