

FILED

Aug 18, 2003 8:00 am
Secretary of State

07-03-2003 90031 014 ***61.25

7/3/20

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

DOCUMENT # N02000000787

1. Entity Name

LIGHTHOUSE FELLOWSHIP OF MELBOURNE, INC.



Principal Place of Business

2437 LEEWOOD BLVD.
MELBOURNE FL 32935

Mailing Address

2437 LEEWOOD BLVD.
MELBOURNE FL 32935

55654486

2. Principal Place of Business

2347 Leewood Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Melbourne, FL

City & State

4. FEI Number

03-0404497

Applied For

Not Applicable

Zip

32935

Country

Brevard

Zip

Country

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

CHARLES, CHARLIE J
2437 LEEWOOD BLVD.
MELBOURNE FL 32935

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 re-electing)

6-28-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	CHARLES, CHARLIE J	☐ Delete
NAME		2437 LEEWOOD BLVD.	
STREET ADDRESS		MELBOURNE FL 32935	
CITY - ST - ZIP			
TITLE	D	HARRISON, MARSHALL	☒ Delete
NAME		2951 INDIANA AVE.	
STREET ADDRESS		MELBOURNE FL 32935	
CITY - ST - ZIP			
TITLE	D	EATON, ED	☐ Delete
NAME		2900 WASHINGTON DR.	
STREET ADDRESS		MELBOURNE FL 32935	
CITY - ST - ZIP			
TITLE		Robert Daniels	☐ Delete
NAME		1193 Carlton Dr	
STREET ADDRESS		Melbourne FL 32940	
CITY - ST - ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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

CR2037 (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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/28/03

Daytime Phone #