

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

FILED
Nov 07, 2003 8:00 A.M
Secretary of State

DOCUMENT # N02000001376

1. Entity Name

Care After Lighthouse Ministry, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

610 Vermont Ave.

3. Mailing Address

P.O. Box 2099

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Apt. L

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

City & State

Daytona Beach, Florida

4. FEI Number

75-2999576

Applied For

Not Applicable

Zip
32118

Country
USA

Zip
32115-2099

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Clay Stanley**

Street Address (P.O. Box Number is Not Acceptable)

610 Vermont Ave., Apt. L

City **Daytona Beach**

FL

Zip Code
32118

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

~~McMillan, Evelyn
1025 S. Beach Street, Apt. 178
Daytona Beach, Florida 32114~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~Lafontaine, Paul
Fawn Drive
Daytona Beach, Fl.~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Evelyn Elaine Lafontaine- PRESIDENT
1025 South Beach Street, Apt. 178
Daytona Beach Florida 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Clay Stanley- VICE PRESIDENT, SECRETARY
610 Vermont Ave., Apt. L
Daytona Beach, Florida 32118

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct. 24, 2003 386-
252-2755

2111/21

CR2E037B (12/02)