

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002392

FILED
Jan 22, 2007
Secretary of State

Entity Name: LIGHTHOUSE CHURCH OF INTERCESSION, INC.

Current Principal Place of Business:

4931 POLARIS ST
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 690067
ORLANDO, FL 328690067

New Mailing Address:

FEI Number: 33-1006614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOWERS, JOHN
4931 POLARIS ST
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: FLOWERS, JOHN
Address: 4931 POLARIS ST
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: FLOWERS, JANICE
Address: 4931 POLARIS ST
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: STRICKLAND, ANNE
Address: 7909 CHARTREUX LANE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: STAFFORD, DEBORAH
Address: 1431 PEG LN
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: HUMPHRIES, CYNTHIA
Address: P.O. BOX 1780
City-St-Zip: APOPKA, FL 327041780

Title: D () Delete
Name: MILLIGAN, MARLENE
Address: 4202 S RIO GRANDE AVE APT 307
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN FLOWERS

PRES

01/22/2007

Electronic Signature of Signing Officer or Director

Date