

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002392

FILED  
Feb 05, 2008  
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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 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

D

02/05/2008

Electronic Signature of Signing Officer or Director

Date