

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004271						FILED 10 SEP 10 AM 8:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name LIGHT-HOUSE OF HOPE INC							
Principal Place of Business 2715 PRESIDENT ST PALATKA, FL 32177				Mailing Address C/O DURWOOD L MOORE SR 132 CABLE TOWER RD PALATKA, FL 32177			
2. Principal Place of Business 2715 PRESIDENT ST Suite, Apt. #, etc.				3. Mailing Address 310 PO BOX Suite, Apt. #, etc.			
City & State PALATKA FL Zip 32177		City & State PALATKA FL Zip 32178		4. FEI Number 55-0799597		Applied For ☐ Additional ☐ Not Applicable	
5. Certificate of Status Desired ☐				Additional Fee Required ☐			
6. Name and Address of Current Registered Agent MOORE, DURWOOD L SR 132 CABLE TOWER ROAD PALATKA, FL 32177				7. Name and Address of New Registered Agent 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 renewing)				DATE 8-20-10			
Filing Fee is \$61.25 Due by September 3, 2005				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	P	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	MOORE, DURWOOD L SR			NAME			
STREET ADDRESS	132 CABLE TOWER ROAD			STREET ADDRESS			
CITY-STATE-ZIP	PALATKA, FL 32177			CITY-STATE-ZIP			
TITLE	S	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	MOORE, ETHEL M			NAME	JOSE SANCHEZ PO BOX 1733 PALATKA FL 32178		
STREET ADDRESS	132 CABLE TOWER RD			STREET ADDRESS			
CITY-STATE-ZIP	PALATKA, FL 32177			CITY-STATE-ZIP			
TITLE	VD	☒ Delete		TITLE	☐ Change ☐ Addition		
NAME	MOORE, DENNIS			NAME	JOYCE WATERS 307 SILVER LK. DR. PALATKA FL 32177		
STREET ADDRESS	2107 GOLF DR.			STREET ADDRESS			
CITY-STATE-ZIP	PALATKA, FL 32177			CITY-STATE-ZIP			
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	WATERS, WILLIAM N			NAME	JOYCE WATERS 307 SILVER LK. DR. PALATKA FL 32177		
STREET ADDRESS	307 SILVER LK. DR.			STREET ADDRESS			
CITY-STATE-ZIP	PALATKA, FL 32177			CITY-STATE-ZIP			
TITLE	D	☒ Delete		TITLE	☐ Change ☐ Addition		
NAME	MOORE LISA B.			NAME	JOYCE WATERS 307 SILVER LK. DR. PALATKA FL 32177		
STREET ADDRESS	2107 GOLF DR.			STREET ADDRESS			
CITY-STATE-ZIP	PALATKA FL 32177			CITY-STATE-ZIP			
TITLE	JOYCE WATERS			TITLE	☐ Change ☐ Addition		
NAME	307 SILVER LK. DR.			NAME	JOYCE WATERS 307 SILVER LK. DR. PALATKA FL 32177		
STREET ADDRESS	PALATKA FL 32177			STREET ADDRESS			
CITY-STATE-ZIP	PALATKA FL 32177			CITY-STATE-ZIP			
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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 8-20-10			