2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004271

1. Entity Name

LIGHT-HOUSE OF HOPE INC

FILED

11 SEP 23 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

06022005 Chg-NP CR2E037 (10/03)

City & State: PALATKA FL
Zip: 32177 Country: USA

City & State: PALATKA FL
Zip: 32178 Country:

4. FEI Number: 55-0799597 — Applied For / 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: D. L. Moore Sr. Aug. 2-11
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 + $400 LATE FEE **Due by September**

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 President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOORE-Durwood L SR.	NAME	800212479628
STREET ADDRESS	132 CABLE TOWER Rd.	STREET ADDRESS	09/23/11--01050--001 **65.25
CITY-ST-ZIP	PALATKA, FL. 32177	CITY-ST-ZIP	
TITLE	SECT. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOORE, ETHEL M.	NAME	
STREET ADDRESS	132 CABLE TOWER Rd	STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL. 32177	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WATERS, WILLIAM H.	NAME	
STREET ADDRESS	307 SILVER LAKE Dr.	STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL. 32177	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WATERS JOYCE	NAME	
STREET ADDRESS	307 SILVER LAKE Dr.	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL. 32177	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSE SANCHEZ	NAME	
STREET ADDRESS	P.O. Box 310	STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL. 32178	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

9/23

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: D. L. Moore Sr. 8-7-11
SIGNATURE AND TYPED OR PRINTED NAME OF BONA FIDE OFFICER OR DIRECTOR Date Daytime Phone #