

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # N02000006136

**1. Entity Name
NEW BEGINNING LIGHTHOUSE OF PRAYER, INC.**



**Principal Place of Business
102 BROWNLEE ST
STARKE, FL 32091**

**Mailing Address
P.O. BOX 353
STARKE, FL 32091**



09062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0049931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JEFFERSON, SYLVIA
375 DAVIS STREET
STARKE, FL 32091**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME JEFFERSON, SYLVIA
STREET ADDRESS 375 DAVIS ST
CITY-ST-ZIP STARKE, FL 32091**

**TITLE SD
NAME JACKSON, PAMELA
STREET ADDRESS 1395 COVINGTON LN
CITY-ST-ZIP STARKE, FL 32091**

**TITLE TD
NAME EILAND, LEARANTINE
STREET ADDRESS 1231 HARLEY CIR
CITY-ST-ZIP STARKE, FL 32091**

**TITLE D
NAME JEFFERSON, RAMONA
STREET ADDRESS 900 CLARK ST
CITY-ST-ZIP STARKE, FL 32091**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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09/09/05-80001-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Sylvia Jefferson* **Sylvia Jefferson** **9/6/05** **904-368-0044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #