2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90733 012 ****70.00

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1. Entity Name
MARCUS POINTE LIGHTHOUSE CHURCH, INC.

Principal Place of Business	Mailing Address
890 INDUSTRIAL COURT PENSACOLA, FL 32505	890 INDUSTRIAL COURT PENSACOLA, FL 32505

04262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3689247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAN MATRE, THOMAS G JR 4300 BAYOU BOULEVARD SUITE 16 PENSACOLA, FL 32503	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROCKETT, GLENN 2547 SOUTHERN OAKS AVE. PENSACOLA, FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DANLEY, ALLEN 5689 NICHOLAS LN. PENSACOLA, FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIOTT (~~BILL~~) Charles L. 1698 N. TATE SCHOOL RD. GONZALEZ, FL 32560	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS Charles L. Elliott	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT- HIGGS, TOM 5873 W. SHORE DR. PENSACOLA, FL 32526	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPC PITTMAN, LARRY 155 HARVEST HILL DR. CANTONMENT, FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2630 Sherrilane Dr Cantonment, FL 32533	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Charles L. Elliott 4/27/04 850 968-1216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #