2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0200006177



May 09, 2003 8:00 am Secretary of State 05-09-2003 90150 038 ****61.25

FILED

MARCUS POINTE LIGHTHOUSE			
Principal Place of Business 890 INDUSTRIAL COURT PENSACOLA FL 32505	Mailing Address 890 INDUSTRIAL COURT PENSACOLA FL 32505		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

|--|--|--|

☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 689-247	Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	5. Name and Address of Curi	rent Registered Agent		7. Name and Address of New Registe	red Agent
			Nema		

VAN MATRE, THOMAS G JR 4300 BAYOU BOULEVARD SUITE 16 PENSACOLA FL 32503

Name	
Street Address (P.O. Box Number is Not Accept	able)
City	FL Zip Code

8.	The above named entity submits	this statement for the purpos	e of changing its registered	office or registered agent,	or both, in the State of	Florida. I am familiar wit	h, and accept
	the obligations of registered ager	nt.					

SIGNATURE

Stonature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	☐ Delete	TITLE	⊅ ☐ Change ☐ Addition
NAME		NAME	GLENN CROCKETT
STREET ADDRESS		STREET ADDRESS	2547 SOUTHERN DAKS AV
CITY-ST-ZIP		CITY-ST-ZIP	PENSACOLA FL 32533
TITLE	☐ Delete	TITLE	D/S Change Addition
NAME		NAME	ALLEN DANLEY
STREET ADDRESS		STREET ADDRESS	ALLEN DANLEY 5689 NICHOLAS LN
*CITY+ST-ZIP** 1	eng mengga mpapagananga mga galaga galaman gimaganan ang ang mengganan galaman galaman galaman sa ang ang ang	CITY-ST-ZIP	PENSACOLA-FL-32526
TITLE	☐ Delete	TITLE	BILL ELLIOTT D Change Addition
NAME		NAME	1498 N TATE SCHOOL RD
STREET ADDRESS		STREET ADDRESS	1698 N TATE School RD PO BOX 758
CITY-ST-ZIP		CITY-ST-ZIP	GONZALEZ FL 32560-0758
TITLE	☐ Delete	TITLE	D/T Change Addition
NAME		NAME	TOM HIGGS
STREET ADDRESS		STREET ADDRESS	5873 W. SHORE DR
CITY-ST-ZIP		CITY-ST-ZIP	PENSACOLA FL 32526
TITLE	☐ Delete	TITLE	D/P/C Change Addition
NAME		NAME	LARRY PITTMAN 155 HARVEST HILL DR
STREET ADDRESS		STREET ADDRESS	155 HARVEST HILL DR
CITY-ST-ZIP		CITY-ST-ZIP	CANTONMENT FL 32533
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filling 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 the pike empowered.

SIGNATURE