


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000007617 1. Entity Name LIGHTHOUSE HOLINESS MINISTRIES, INC.	
---	---

Principal Place of Business 1929 LEIGHANNA LANE SOUTHPORT FL 32409	Mailing Address 1929 LEIGHANNA LANE SOUTHPORT FL 32409
--	--



2. Principal Place of Business - No P.O. Box # 1929 Leighanna Lane	3. Mailing Address 1929 Leighanna Lane
Suite, Apt. #, etc. Southport FL 32409	Suite, Apt. #, etc. Southport FL 32409
City & State Southport FL	City & State Southport FL
Zip 32409	Country USA

1st MOORE CR2E037 (10/07)

4. FEI Number 59-3567896	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RILEY, PEGGY J 1929 LEIGHANNA LANE SOUTHPORT FL 32409	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 _____ DATE _____
Signature, typed or printed name of registered agent and FIC, if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	
TITLE: <input type="checkbox"/> Delete NAME: RILEY, NIXON H STREET ADDRESS: 1929 LEIGHANNA LANE CITY-ST-ZIP: SOUTHPORT FL 32409	
TITLE: <input type="checkbox"/> Delete NAME: RILEY, PEGGY J STREET ADDRESS: 1929 LEIGHANNA LANE CITY-ST-ZIP: SOUTHPORT FL 32409	
TITLE: <input type="checkbox"/> Delete NAME: OVERSTREET, CONNIE S. STREET ADDRESS: 8921 DOROTHY FARRIS ROAD CITY-ST-ZIP: SOUTHPORT FL 32409	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	U00000820488 02/18/08-80030-006 61.25
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Peggy J Riley 2-4-08 850-265-6208