

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90093 018 ****70.00

UBR/2003

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3567896

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	RILEY, NIXON H	
STREET ADDRESS	1929 LEIGHANNA LANE	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, PEGGY J	
STREET ADDRESS	1929 LEIGHANNA LANE	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, JERRY W	
STREET ADDRESS	5182 PANTHER TRAIL	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Peggy J Riley* **3-17-03** **850-265-6208**

CR2E037 (10/02)