


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90023 046 \*\*\*\*70.00

<b>DOCUMENT # N02000008868</b>					
1. Entity Name LIGHTHOUSE BAPTIST CHURCH OF HOLIDAY, INC.					
Principal Place of Business 1121 US 19 HOLIDAY, FL 34691 US			Mailing Address PO BOX 602 TARPON SPRINGS, FL 34688		
2. Principal Place of Business No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2089483	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLE, LEGARE R JR 361 WESTWINDS DR PALM HARBOR, FL 34683			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: <i>Legare R Hole Jr</i> (NOTE: Registered Agent signature required when reinstating) DATE: 1-29-08					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T DOBBERTEN, DAVID 1447 WEYFORD LN HOLIDAY, FL 34691	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ST. JOHN, ED 911 TOPDSMILL TRACE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLE, LEGARE R JR 361 WESTWINDS DR PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMASSETTI, STEVE 1203 BRIGHTWELL DRIVE HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Victor Costa 1708 Gulf Beach Blvd. Tarpon Springs, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Larry Hudson 1352 Starlight Cove Tarpon Springs, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Legare R Hole Jr</i> (Signature and Typed or Printed Name of Signing Officer or Director) DATE: 1-29-08 DAYTIME PHONE #: 727-938-5458					

LEGARE R Hole Jr.