

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008928

FILED
Jan 29, 2004
Secretary of State**Entity Name:** ST. PETE LIGHTHOUSE CHRISTIAN CENTER, INC.**Current Principal Place of Business:**2807 WESLEYAN DR
PALM HARBOR, FL 34684**New Principal Place of Business:**6750 22ND ST. N.
ST. PETERSBURG, FL 33702**Current Mailing Address:**2807 WESLEYAN DR
PALM HARBOR, FL 34684**New Mailing Address:**P. O. BOX 55172
ST. PETERSBURG, FL 33732**FEI Number:** 57-1137994**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COX, KEITH
2807 WESLEYAN DR
PALM HARBOR, FL 34684**Name and Address of New Registered Agent:**COX, KEITH
6750 22ND ST. N.
ST. PETERSBURG, FL 33702

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.

SIGNATURE: KEITH COX

01/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COX, KEITH
Address: 2807 WESLEYAN DR.
City-St-Zip: PALM HARBOR, FL 34684

Title: S () Delete
Name: COX, ATHENA
Address: 2807 WESLEYAN DR.
City-St-Zip: PALM HARBOR, FL 34684

Title: T () Delete
Name: HANSLEY, LARRY
Address: 1024 MARYJANE LN
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: HOWELL, ALAN
Address: 4998 HARBOR WOODS DR
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: LLOYD, JOHN
Address: 1850 MCMULLEN BOOTH RD.
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: BOAZ, KEN
Address: 1922 OAKLEY LN E.
City-St-Zip: CLEARWATER, FL 337646439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COX, KEITH
Address: 6750 22ND ST. N.
City-St-Zip: ST. PETERSBURG, FL 33702

Title: S (X) Change () Addition
Name: COX, ATHENA
Address: 6750 22ND ST. N.
City-St-Zip: ST. PETERSBURG, FL 33702

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH COX

P

01/29/2004

Electronic Signature of Signing Officer or Director

Date

D / JIM STEPHENSON
3043 CABLE DR.
HOLIDAY, FL. 34691