

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004400

FILED
Jan 28, 2008
Secretary of State

Entity Name: LIGHTHOUSE MINISTRIES OF WEWAHITCHKA, INC.

Current Principal Place of Business:

5851 HWY 71
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

P O BOX 614
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 20-1834421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKS, FAYE
5851 HWY 71
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEEKS, IREY E
Address: PO BOX 853
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: WEEKS, FAYE
Address: PO BOX 853
City-St-Zip: WEWAHITCHKA, FL 32465

Title: S () Delete
Name: MCLEMORE, APRIL D
Address: 5011 CR 381
City-St-Zip: WEWAHITCHKA, FL 32465

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: O () Change (X) Addition
Name: WILLIAMS, JENNIFER M OFFICER
Address: 102 BRANNON LANE
City-St-Zip: WEWAHITCHKA, FL 32465

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FAYE WEEKS

D

01/28/2008

Electronic Signature of Signing Officer or Director

Date