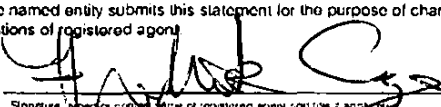
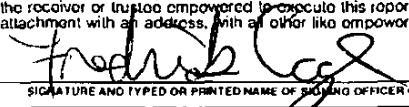


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-05-2007 90148 003 ****61.25

DOCUMENT # N03000005078					
1. Entity Name LIGHTHOUSE BY RIVERS OF LIVING WATER APOSTOLIC PENTECOSTAL CHURCH, INC.					
Principal Place of Business 430 BAYBERRY DRIVE LAKE PARK FL 33403 US			Mailing Address 430 BAYBERRY DRIVE LAKE PARK FL 33403 US		
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 20-1616808	
				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAGE, FREDRICK L SR 430 BAYBERRY DRIVE LAKE PARK FL 33403			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 4/14/07 Signature of person or printed name of registered agent and title of agent (NOTE: Registered Agent signature required when remaining)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete	
PD	CAGE, FREDRICK L SR	430 BAYBERRY DRIVE	LAKE PARK FL 33403		
VP	CAGE, TATIANA N	430 BAYBERRY DRIVE	LAKE PARK FL 33403	☐ Delete	
T	DENSON, BIRTNELL	P.O. BOX 530904	LAKE PARK FL 33403	☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
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 an other like empowered.					
SIGNATURE:  DATE: 4/14/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					