



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90142 008 ****61.25

DOCUMENT # N03000009704					
1. Entity Name GLOBAL LIGHTHOUSE, INC.					
Principal Place of Business 6015 SWEETGUM RUN BARTOW, FL 33830			Mailing Address 6015 SWEETGUM RUN BARTOW, FL 33830		
2. Principal Place of Business 4336 FORT SHAW DR Suite, Apt. #, etc.		3. Mailing Address 4336 FORT SHAW DR Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">50003472</div> 	
City & State NEW PORT RICHEY, FL		City & State NEW PORT RICHEY, FL		4. FEI Number 32-0098293	
Zip 34655		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPH, PHILIP K 6015 SWEETGUM RUN BARTOW, FL 33830			7. Name and Address of New Registered Agent Name: JACOB, JAMES T Street Address (P.O. Box Number is Not Acceptable): 4336 FORT SHAW DR City: NEW PORT RICHEY FL Zip Code: 34655		
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: <u>J. T. Jacob</u> JAMES T. JACOB PRESIDENT 3-15-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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 D <input type="checkbox"/> Delete	NAME JOSEPH, PHILIP K STREET ADDRESS 6015 SWEETGUM RUN CITY-ST-ZIP BARTOW, FL 33830		TITLE C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME JOSEPH, PHILIP K STREET ADDRESS 7365 OSPREY LANDING POINTE CITY-ST-ZIP LAKELAND, FL 33813	
TITLE D <input checked="" type="checkbox"/> Delete	NAME JOSEPH, SUSAN STREET ADDRESS 6015 SWEETGUM RUN CITY-ST-ZIP BARTOW, FL 33830		TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME JACOB, JAMES T STREET ADDRESS 4336 FORT SHAW DR CITY-ST-ZIP NEW PORT RICHEY, FL 34655	
TITLE D <input checked="" type="checkbox"/> Delete	NAME JOSEPH, VARGHESE K STREET ADDRESS 4929 IRONWOOD TRL CITY-ST-ZIP BARTOW, FL 33830		TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME ABRAHAM, ALICE STREET ADDRESS 10606 CORY LAKE DR CITY-ST-ZIP TAMPA, FL 33647	
TITLE D <input checked="" type="checkbox"/> Delete	NAME JOSEPH, MARIAMMA STREET ADDRESS 4929 IRONWOOD TRL CITY-ST-ZIP BARTOW, FL 33830		TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME ABRAHAM, PRETTIE STREET ADDRESS 10606 CORY LAKE DR CITY-ST-ZIP TAMPA, FL 33647	
TITLE D <input checked="" type="checkbox"/> Delete	NAME TRANSUE, ROBERT STREET ADDRESS 2729 EVELL RD CITY-ST-ZIP LAKELAND, FL 33811		TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME BAILEY, DOUGLAS STREET ADDRESS 2601 SLEEPY HOLLOW LN CITY-ST-ZIP LAKELAND, FL 33810	
TITLE D <input checked="" type="checkbox"/> Delete	NAME SAMUAL, ELSEY STREET ADDRESS 2232 COUPLES DR CITY-ST-ZIP LAKELAND, FL 33813		TITLE / <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP 	
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: <u>J. T. Jacob</u> JAMES T. JACOB, PRESIDENT 3-15-06 727-372-9383 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					