


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000009704 1. Entity Name GLOBAL LIGHTHOUSE, INC.	
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Principal Place of Business 4336 FORT SHAW DR NEW PORT RICHEY, FL 34655	Mailing Address 4336 FORT SHAW DR NEW PORT RICHEY, FL 34655
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01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0098293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JACOB, JAMES T 4336 FORT SHAW DR NEW PORT RICHEY, FL 34655
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOSEPH, PHILIP K 7365 OSPREY LANDING POINTE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOB, JAMES T 4336 FORT SHAW DR NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABRAHAM, ALICE 10606 CORY LAKE DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABRAHAM, PRETTIE 10606 CORY LAKE DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y BAILEY, DOUGLAS 2601 SLEEPY HOLLOW LANE LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/08-80034-012 61.25

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IN THIS SPACE**

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: *James Jacob*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2008 *727-372-9383*
Date Daytime Phone #