

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000011033**

1. Entity Name  
**LIGHTHOUSE POINT OUTREACH CENTER., C.O.G., INC.**



Principal Place of Business  
**5323 N. DIXIE HWY.  
DEERFIELD BCH, FL 33064**

Mailing Address  
**5323 N. DIXIE HWY.  
DEERFIELD BCH, FL 33064**

**DO NOT WRITE IN THIS SPACE**



07022005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**61-1464841**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, ALVIN  
321 NW 3RD AVE.  
DEERFIELD BCH, FL 33441**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

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	PD SMITH, ALVIN 321 NW 3RD ST. DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, DOROTHY 5900 NW 14TH ST. LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, MELINDA 4795 NW 113TH TERR. SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, LARRY 4736 NW 5TH AVE. POMPANO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, ULYSES 488 NW 2ND TERR. DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000371371  
07/07/05-80016-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filers empowered.

**SIGNATURE:** *Alvin Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-3-05**