

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000003313

1. Entity Name
**LIGHTHOUSE TABERNACLE BELIEVERS OF
PENSACOLA, INC.**



Principal Place of Business

**2146 GLORIA CIRCLE
PENSACOLA, FL 32514**

Mailing Address

**2146 GLORIA CIRCLE
PENSACOLA, FL 32514**

DO NOT WRITE IN THIS SPACE



01132008 No Chg-NP CR2E037 (11/05)

4. FEI Number
57-1183310

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**REAVES, MARSHALL
1509 JOHN CARROL DRIVE
PENSACOLA, FL 32504**

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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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000454359
03/15/06-80012-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTIN, JEFFREY D
STREET ADDRESS	2146 GLORIA CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	ST
NAME	REAVES, MARSHALL
STREET ADDRESS	1509 JOHN CARROL DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Jeffrey D Martin **Jeffrey Martin** **2/28/06** **850-443-438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #