


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90045 002 ****70.00

DOCUMENT # N04000005506					
1. Entity Name THE LIGHTHOUSE CHURCH OF RESTORATION, INC.					
Principal Place of Business 1431 W. 23RD ST. JACKSONVILLE, FL 32209			Mailing Address P.O. BOX 2318 JACKSONVILLE, FL 32203		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0798754	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, JAMES B JR. 1431 W. 23RD ST. JACKSONVILLE, FL 32209				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JAMES B JR. 1431 W. 23RD ST. JACKSONVILLE, FL 32209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER VIVIAN PETERSON-YOUNG 11730 TORTOISE WAY JACKSONVILLE, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWAIN, KAREN 6185 QUIET COUNTRY LANE JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICKINS, PAULA 9375 - 10TH AVE. JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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)(i), 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: <i>Rev. Mr. James B. Williams</i>			1-21-05 (904) 364-7887		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40017699



01202005 Chg-NP CR2E037 (10/03)

\$8.75 Additional
Fee Required