


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90298 039 ****70.00

DOCUMENT # N04000007727 1. Entity Name LIGHTHOUSE POWER MINISTRIES, INC.																																																																																																																																																											
Principal Place of Business 6040 SW 33RD STREET MIRAMAR, FL 33023			Mailing Address 6040 SW 33RD STREET MIRAMAR, FL 33023																																																																																																																																																								
2. Principal Place of Business 6011 Rodman Street		3. Mailing Address 																																																																																																																																																									
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 																																																																																																																																																									
City & State HOLLYWOOD FL.		City & State 																																																																																																																																																									
Zip 33023 Country U.S.A		Zip 		Country 																																																																																																																																																							
4. FEI Number 04142005 Chg-NP CR2E037 (10/03)				Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																																																																							
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																											
6. Name and Address of Current Registered Agent KERR, EASTON M 6040 SW 33RD STREET MIRAMAR, FL 33023			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) DATE _____																																																																																																																																																											
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																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. 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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: <u>E. Kerr</u> Easton M. Kerr																																																																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																											
Date _____ Daytime Phone # Ph. 954-966-9311 4-22-05																																																																																																																																																											