



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90279 003 ****70.00

DOCUMENT # N04000007742					
1. Entity Name INTERNATIONAL LIGHTHOUSE CHURCH, INC.					
Principal Place of Business 1015 GRIFFIN RD. #310 LAKELAND, FL 33805			Mailing Address 1015 GRIFFIN RD. #310 LAKELAND, FL 33805		
2. Principal Place of Business 1015 Griffin Rd. #312 Suite, Apt. #, etc.		3. Mailing Address 1015 Griffin Rd. #312 Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 33-1116253 <input type="checkbox"/> Applied For Not Applicable	
Zip 33805 Country USA		Zip 33805 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOTO, CARMEN 1015 GRIFFIN RD. #310 LAKELAND, FL 33805			7. Name and Address of New Registered Agent Name: Lydia E. Garcia Street Address (P.O. Box Number is Not Acceptable): 1015 Griffin Rd. #312 City: Lakeland FL Zip Code: 33805		
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: <u>Lydia E. Garcia-Paster</u> DATE: <u>4/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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 GARCIA, LYDIA E 1015 GRIFFIN RD. #310 LAKELAND, FL 33805	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sklomeit, Judy 1942 Omohundro Ave. Lakeland, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROCK, DEXTER J 1015 GRIFFIN RD. #310 LAKELAND, FL 33805	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOTO, CARMEN 1015 GRIFFIN RD. #310 LAKELAND, FL 33805	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Lydia E. Garcia</u>			Date: <u>4/21/05</u> Daytime Phone #: <u>(863) 688-763 529-9046</u>		