2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ★ (AR)

SIGNATURE: ERIE V. ADAMSON, Erie V. adamson

Feb 01, 2007 08:00 AM DOCUMENT # N05000008079 1. Entity Namo **Secretary of State** VICTORY, LIGHTHOUSE ASSEMBLY OF GOD CHURCH **INCORPORATED** Principal Place of Business Mailing Address PO BOX 24 PO BOX 24 MOSSY HEAD FL 32434 MOSSY HEAD FL 32434 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State 4. FEI Number City & State 11-3755701 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADAMSON, THOMAS Street Address (P.O. Box Number is Not Acceptable) 4621 ADAMS RD LAUREL HILL FL 32567-2325 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete HILE Change Addition TITLE U000000615481 MAME ADAMSON, THOMAS STREET ADDRESS STREET ADDRESS 4621 ADAMS RD 02/06/07-80074-006 61.25 CITY -ST - ZIP CITY - ST - ZIP LAUREL HILL FL 32567-2325 ☐ Delete Change Addition TITE NAME NAME CHILCUTT, KEVIN STREET ADDRESS STREET ADDRESS 291 SQUIRREL HAVEN RD CITY-ST-ZIP CITY ST ZIP DEFUNIAK SPRINGS FL 32433 ☐ Addition mu ☐ Delete ☐ Change ST NAM NAME ADAMSON, ERIE STREET ADDRESS STREET ADDRESS 4621 ADAMS RD CITY-ST-ZIP CITY-ST-ZIP LAUREL HILL FL 32567-2325 ☐ Addition ☐ Chance ☐ Delete BILE ШЦ NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-SI-ZIP ☐ Change ☐ Addition Delete DIE NAME NAML STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete IMI TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED