2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# N05000010156

Entity Name: PENTECOSTAL LIGHTHOUSE FELLOWSHIP OF LAKE PLACID, INC.

Current Principal Place of Business:

127 DAL HALL BLVD
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

P O BOX 1663
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 06-1764306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARFIELD, RONNEL
413 HIGHLANDS LAKE DR.
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BARFIELD, RONNEL
Address: 413 HIGHLANDS LAKE DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: CARROLL, ROBERT
Address: 223 DARTMOORE AVE, P O BOX 2119
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: CARROLL, SHANA J.
Address: 223 DARTMORE AVE, P O BOX 2119
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: BARFIELD, KALA
Address: 413 HIGHLANDS LAKE DR.
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNEL BARFIELD D 01/15/2007

Electronic Signature of Signing Officer or Director — Date