

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90035 048 *****70.00

DOCUMENT # N05000010156

1. Entity Name

**PENTECOSTAL LIGHTHOUSE FELLOWSHIP OF LAKE
PLACID, INC.**



Principal Place of Business

**127 DAL HALL BLVD
LAKE PLACID FL 33852**

Mailing Address

**P O BOX 1663
LAKE PLACID FL 33862**



2. Principal Place of Business - No P.O. Box #

127 DAL Hall Blvd

3. Mailing Address

P.O. Box 1663

1st MOORE

CR2E037 (10/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Placid, Fla

City & State

Lake Placid, Fla

Zip

33852

Country

USA

Zip

33862

Country

USA

4. FEI Number

06-1764306

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Barfield, Ronnel**

Street Address (P.O. Box Number is Not Acceptable)

413 Highlands Lake Drive

City **Lake Placid**

FL

Zip Code

33852

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

Ronnel Barfield

(NOTE: Registered Agent signature is not used when resigning)

3/13/08

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete

NAME **BARFIELD, RONNEL**
STREET ADDRESS **413 HIGHLANDS LAKE DR.**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☐ Delete

NAME **CARROLL, ROBERT**
STREET ADDRESS **223 DARTMOORE AVE, P O BOX 2119**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☐ Delete

NAME **CARROLL, SHANA J.**
STREET ADDRESS **223 DARTMORE AVE, P O BOX 2119**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☐ Delete

NAME **BARFIELD, KALA**
STREET ADDRESS **413 HIGHLANDS LAKE DR.**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition

NAME **Barfield, Ronnel**
STREET ADDRESS **413 Highlands Lake Drive**
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **D** ☐ Change ☐ Addition

NAME **Carroll, Robert**
STREET ADDRESS **1427 Crossnew St**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **D** ☐ Change ☐ Addition

NAME **DCarroll, Shana**
STREET ADDRESS **1427 Crossnew St**
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **D** ☐ Change ☐ Addition

NAME **Barfield, Kala**
STREET ADDRESS **413 Highlands Lake Drive**
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

12. I hereby 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.

SIGNATURE:

Ronnel Barfield **Ronnel Barfield**

3/13/08