

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

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90021 027 ****70.00

DOCUMENT # N05000010520
1. Entity Name
**LIGHTHOUSE FOUNDATION MINISTRIES
INTERNATIONAL, INC.**



Principal Place of Business Mailing Address
**532 NORTH MARKET BOULEVARD
WEBSTER FL 33597** **PO BOX 27
WEBSTER FL 33597**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
532 N. Market Blvd **P.O. Box 27**
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
Webster, FL **Webster, FL**
Zip Country Zip Country
33597 **Sumter** **33597** **Sumter**

4. FEI Number Applied For
20-3654272 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**BURNHAM, PATRICIA T
532 NORTH MARKET BOULEVARD
WEBSTER FL 33597**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BURNHAM, PATRICIA T	2111 SR 50	WEBSTER FL 33597	<input type="checkbox"/>
TD	MEARS, D J II, REV	2099 SR 50	WEBSTER FL 32597	<input type="checkbox"/>
SD	CARAWAY, WAYNE REV	1003 TANNER ROAD, PO BOX 4237	PLANT CITY FL 33566	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Patricia T. Burnham* Patricia T. Burnham 2/11/08