

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N06000003227

1. Entity Name
LIBERTY LIGHTHOUSE CHURCH INC.



Principal Place of Business
**125 NORTH LAKEVIEW
WINTER GARDEN, FL 34787**

Mailing Address
**118 WEST STORY RD
WINTER GARDEN, FL 34787**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3168403	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLISSON, LINDA GAYLE
118 WEST STORY RD
WINTER GARDEN, FL 34787**

**DO NOT WRITE
IN THIS SPACE**

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 Linda Gayle Glisson (Pastor) Linda Gayle Glisson (Pastor) 3-14-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTRU GLISSON, JEFFREY L 118 WEST STORY RD WINTER GARDEN, FL 34787
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRU JACKSON, SHELIA 304 ROYAL DRIVE OCOE, FL 34761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS MORRISON, ALICE EVANGEL 10638 2ND AVENUE OCOE, FL 34761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSCINI, ANTHONY 511 SOUTH HIGHLAND AVENUE WINTER GARDEN, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jeff Glisson 3-14-08 407656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0316