

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000007568

FILED  
Nov 22, 2009  
Secretary of State

**Entity Name:** LIGHTHOUSE BAPTIST CHURCH OF INTERCESSION CITY, INC.

**Current Principal Place of Business:**

1664 SHEPHERD LN  
INTERCESSION CITY, FL 33848

**New Principal Place of Business:**

1664 SHEPHERD LANE  
INTERCESSION CITY, FL 33848

**Current Mailing Address:**

P O BOX 823  
INTERCESSION CITY, FL 33848

**New Mailing Address:**

**FEI Number:** 20-5147388      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLLEY, ALAN  
1664 SHEPHERD LN  
INTERCESSION CITY, FL 33848      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: HOLLEY, ALAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOLLEY, ALAN  
Address: 438 SHORT DR  
City-St-Zip: POINCIANA, FL 34759

Title: D ( ) Delete  
Name: EADES, LARRY  
Address: 214 ELLSWORTH DR  
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete  
Name: MATTSON, ALBERT  
Address: 1576 LONDON CT  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: WILCOX, RICK  
Address: 201 MISSISSIOOI AVE  
City-St-Zip: ST. CLOUD, FL 34769

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

I hereby certify that the information supplied with this filing does not qualify 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: ALBERT MATTSON

SEC

11/22/2009

Electronic Signature of Signing Officer or Director

Date