


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90098 045 \*\*\*\*70.00

DOCUMENT # N06000007741

1. Entity Name  
 LIGHHOUSE COMMUNITY CHURCH OF BRANFORD, FLORIDA, INC.



Principal Place of Business  
 9660 NW 37TH COURT  
 BRANFORD, FL 32008

Mailing Address  
 POST OFFICE BOX 128  
 BELL, FL 32619

2. Principal Place of Business - No P.O. Box #  
 9660 NW 37 COURT

3. Mailing Address  
 P.O. Box 128

Suite, Apt. #, etc.

City & State  
 BRANFORD FL


City & State  
 Bell, FL

Zip  
 32008

Country  
 USA

Zip  
 32619

Country  
 USA



04062007 Chg-NP CR2E037 (12/06)

4. FEI Number  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
 LARCHE, JAMES G JR.  
 4041 N.W. 37TH PLACE  
 SUITE B  
 GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent  
 Name: JON VAN RIDER  
 Street Address (P.O. Box Number is Not Acceptable): 2679 NW 91 LN  
 City: BRANFORD FL Zip Code: 32008

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: JON VAN RIDER J. Van Rider DATE: 4/4/07

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

Filing Fee is \$81.25 Due by May 1, 2007

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 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|---|---|---|
| TITLE                      | Trustee / OFFICER <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JON VAN RIDER                                     | NAME  |   |
| STREET ADDRESS             | 2679 NW 91 LN                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | BRANFORD, FL 32008                                | CITY-ST-ZIP   |   |
| TITLE                      | Trustee / OFFICER <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ESTHER VAN RIDER                                  | NAME  |   |
| STREET ADDRESS             | 2679 NW 91 LN                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | BRANFORD, FL 32008                                | CITY-ST-ZIP   |   |
| TITLE                      | Trustee / OFFICER <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FREDDIE COLE                                      | NAME  |   |
| STREET ADDRESS             | 2694 HWY 174                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP                | DANVILLE, GA 30633                                | CITY-ST-ZIP   |   |
| TITLE                      | Trustee / OFFICER <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JANET COLE  | NAME  |   |
| STREET ADDRESS             | 2694 HWY 174                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP                | DANVILLE, GA 30633                                | CITY-ST-ZIP   |   |
| TITLE                      | Trustee / OFFICER <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LARRY SMITH                                       | NAME  |   |
| STREET ADDRESS             | 9660 NW 37CT                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP                | BRANFORD, FL 32008                                | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |

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: JON VAN RIDER J. Van Rider DATE: 4/4/07 386-697-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #