2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT			Apr	FILED Apr 09, 2007 8:00 am Secretary of State	
DOCUMENT # N0600000774			-09-2007 90098 045 ****70.00		
LIGHTHOUSE COMMUNITY CHURCH C FLORIDA, INC.	OF BRANFORD,				
9660 NW 37TH COURT F	ailing Address POST OFFICE BOX 128 BELL, FL 32619				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1440 NW 37 COULT P.O. Box		× 128			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04062007 Cł	g-NP CR2E037 (12/06)	
Bran FORD FL T	City & State Bell FC		4. FEI Number	Applied For X Not Applicable	
Zip 32008 Country JSA 3	32619	Country USA	5. Certificate of St	atus Desired XI \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Name Name			7. Name and Address of New Registered Agent		
LARCHE, JAMES G JR. 4041 N.W. 37TH PLACE SUITE B			JOS UAN TROCEPTAble) (CTG KW G/ LA		
GAINESVILLE, FL 32606					
		City Bra	and Furn	FL Zip Code	
8. The above named entity submits this statement for the p the obligations of registered agent.			itered agent, of boin, in		
SIGNATURE	if applicable. (NOTE:	Registered Agent signature requ	ked when reinstating)	Date	
Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	ontribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTO	DHS Delete	11. TITLE	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS IN 10	
NAME JUDVAN RIDG STREET ADDRESS 21879 NW91 LN CITY-ST-ZIP BIANFORD FL 3200	U	NAME STREET ADDRESS CITY - ST- ZIP			
ITTLE TREATER / OFFICE	Delete	TITLE	. <u> </u>	Change Addition	
STREET ADDRESS 2 (279 A)4) 91 62	36	STREET ADDRESS CITY - ST- ZIP			
CITY-ST-ZIP Brids FURD FL 3200 TITLE Truster / OFFNO NAME Fruster / OFFNO	Delete	TITLE NAME		Change Addition	
NAME Freddie Coile STREET ADDRESS 2694 HWY 174 CITY-ST-ZIP DANICIS WILL GA 30 TITLE Truster 1 OFFICE	لا 3. م)	STREET ADDRESS City- St- Zip			
MARE Truster / OFFICE	Delete	TITLE NAME		Change Addition	
STREET ADDRESS Dr. A. 1/	633	STREET ADDRESS CITY - ST - ZIP			
CITY-ST-ZIP DANICS UITE 60 3 TITLE Trustic OFFICE NAME LARGY Smith	Delete	TITLE NAME		Change Addition	
NAME LARRY SMITH STREET ADDRESS 9440 NW 37CT CITY-ST-ZIP BRONFADD FL 320		STREET ADDRESS			
	508	CITY-ST-ZIP			
mue	⊖ ∂ 8 □ Delete	TMLE		Change 🗋 Addition	
				Change Addition	
TITLE NAME STREET ADDRESS	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions contain y signature shall have th	ne same legal effect as i	ida Statutes. I further certify that the information frade under oath; that I am an officer or director	