2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N06185

Entity Name: LIGHTHOUSE FULL GOSPEL CENTER, INC.

Current Principal Place of Business:

U.S. HWY. 301
P.O. BOX 405
PARRISH, FL 34219

New Principal Place of Business:

11750 U.S. HWY. 301 NORTH
PARRISH, FL 34219

Current Mailing Address:

U.S. HWY. 301
P.O. BOX 405
PARRISH, FL 34219

New Mailing Address:

PO BOX 405
PARRISH, FL 34219

FEI Number: 59-2527604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MIZELL, JOHN F
11944 73 ST. E
PARRISH, FL 34219 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MIZELL, JOHN F
Address: 11944 73 ST. E
City-St-Zip: PARRISH, FL 34219

Title: VD ( ) Delete
Name: RUDISILL, DAVID R
Address: 3311 92ND AVENUE EAST
City-St-Zip: PARRISH, FL 34219

Title: STD ( ) Delete
Name: MIZELL, JUSTIN W
Address: 6202 161 AVE E
City-St-Zip: PARRISH, FL 34219

Title: D ( ) Delete
Name: SHROCK, JOSHUA
Address: 9423 34TH CT E
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MIZELL, JOHN F
Address: 11944 73 ST. EAST
City-St-Zip: PARRISH, FL 34219

Title: VD (X) Change ( ) Addition
Name: RUDISILL, DAVID R
Address: 3823 59TH AVE. CIR. EAST
City-St-Zip: ELLENTON, FL 34222

Title: STD (X) Change ( ) Addition
Name: MIZELL, JUSTIN W
Address: 18306 GRAYWOLF COURT
City-St-Zip: PARRISH, FL 34219

Title: D (X) Change ( ) Addition
Name: SHROCK, JOSHUA
Address: 8315 47TH ST. CIR. EAST
City-St-Zip: PALMETTO, FL 34221

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: JOHN F. MIZELL PD 04/23/2008

Electronic Signature of Signing Officer or Director — Date