

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004793

FILED
Apr 19, 2009
Secretary of State

Entity Name: LIGHTHOUSE PENTECOSTAL MINISTRIES, INC.

Current Principal Place of Business:

5746 HWY 71
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

5746 HWY 71
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number: 26-0176417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTIN, CHARLES A
413 WILLIAMS AVE
PORT ST JOR, FL 32456 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: ADMD () Delete
Name: BAILEY, WILLIAM T BISHOP
Address: PO BOX 761
City-St-Zip: PORT ST JOE, FL 32465

Title: D () Delete
Name: BAILEY, WILLIAM C REV.
Address: 5911 GANLEY RD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: SEWELL, PAUL
Address: PO BOX 593
City-St-Zip: PORT ST JOE, FL 32457

Title: D () Delete
Name: BLAND, KEN
Address: PO BOX 163
City-St-Zip: PORT ST JOE, FL 32457

Title: D () Delete
Name: RALPH, KNIGHT
Address: 518 7TH ST
City-St-Zip: PORT ST JOE, FL 32456

Title: D () Delete
Name: GERBERT, REGGIE
Address: 259 CORONADO ST
City-St-Zip: PORT ST JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: WILLIAM T BAILEY

ADMD

04/19/2009

Electronic Signature of Signing Officer or Director

Date