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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N07000009628

1. Entity Name

APOSTOLIC LIGHTHOUSE CHURCH OF JESUS CHRIST, INC.

Principal Place of Business	Mailing Address
403 FREDERICK AVE DUNDEE FL 33838	PO BOX 855 DUNDEE FL 33838

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
403 Frederick		P.O. Box 855	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Dundee Fl		City & State: Dundee Fl.	
Zip: 33838	Country: USA	Zip: 33838	Country: USA

4. FEI Number: 26-1165996 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, EDDIE
403 FREDERICK AVE
DUNDEE FL 33838

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 * Pastor Eddie Watson, President

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

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, EDDIE PO BOX 855, 403 Frederick Ave. DUNDEE FL 33838	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informa[tion] 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 dir[ector] 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 Bloc[k 11] if changed, or on an attachment with an address, with all other like empowered.

* Signature Above