

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N07000009892</b> 1. Entity Name CENTRAL LIGHTHOUSE WORSHIP CENTER, INC.						FILED 08 OCT 27 PM 2:38 CLARASSEE, FLORIDA	
Principal Place of Business 8025 N. PALAFOX STREET PENSACOLA, FL 32534				Mailing Address 8025 N. PALAFOX STREET PENSACOLA, FL 32534			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 26-1202812				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  FLEMING, M.E. 2160 CREIGHTON RD PENSACOLA, FL 32504				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City, State, 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 <u>M.E. FLEMING</u> <u>M.E. Fleming</u> <u>23 Oct 08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SORRELLS, LINDA 101 TRAVIS ST PENSACOLA, FL 32503			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 700137329317 10/27/08--01061--022 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLOW, DENNIS 2085 PIN HIGH DR PENSACOLA, FL 32526			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIDDEON, BARBARA 1020 GREENBRIAR RD PENSACOLA, FL 32514			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS FLEMING, M E 2160 CREIGHTON RD PENSACOLA, FL 32504			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 an other like empowered.							
SIGNATURE: <u>M.E. Fleming</u> <u>M.E. FLEMING</u> <u>23 Oct 08</u> <u>850-529-4163</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

10/28/08