

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006150

FILED
Jun 30, 2009
Secretary of State

Entity Name: LIGHTHOUSE MINISTRIES OF HOPE, HEALING AND DELIVERANCE INC

Current Principal Place of Business:

7931 SE 196TH TERRACE
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

7931 SE 196TH TERRACE
MORRISTON, FL 32668

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TAFT, SANDRA A
3150 NE 184TH CT
WILLISTON, FL 32696 US

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: P () Delete
Name: ABEL, BRIAN J
Address: 1650 SE STATE ROAD 121
City-St-Zip: MORRISTON, FL 32668

Title: V () Delete
Name: CRAMER, BRENT A
Address: 16350 NE 5TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: S () Delete
Name: CRAMER, LINDA J
Address: 16350 NE 5TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: T () Delete
Name: MEYERS, TERRELL A
Address: 3151 NE 184TH CT
City-St-Zip: WILLISTON, FL 32696

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
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: SANDRA TAFT

P

06/30/2009

Electronic Signature of Signing Officer or Director

Date