

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006771

FILED  
Apr 26, 2010  
Secretary of State

Entity Name: LAMP POST MINISTRIES, INC.

**Current Principal Place of Business:**

3847 MARSH BLUFF DRIVE  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

**Current Mailing Address:**

3847 MARSH BLUFF DRIVE  
JACKSONVILLE, FL 32226

**New Mailing Address:**

FEI Number: 27-0599811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SWANSTROM, SCOTT REV  
3847 MARSH BLUFF DRIVE  
JACKSONVILLE, FL 32226 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: P  
Name: SWANSTROM, SCOTT REV  
Address: 3847 MARSH BLUFF DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: V  
Name: WILLIAMS, CHARLES A DR.  
Address: 4936 ORTEGA BLVD  
City-St-Zip: JACKSONVILL, FL 32210

Title: D  
Name: BASS, GORDON A  
Address: 10926 CREEKVIEW DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ST  
Name: MECHOSO, DAVID  
Address: 11001 OLD ST. AUGUSTINE RD., APT 117  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: REV. SCOTT A. SWANSTROM

P

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date