


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N12005 1. Entity Name FLORIDA LIGHTHOUSE TABERNACLE, INC.	
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Principal Place of Business 8400 COMMERCIAL WAY WEEKI WACHEE, FL 34613 US	Mailing Address P.O. BOX 5238 SPRING HILL, FL 34611 US
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2902490	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CANNON, RONNIE 12537 MOON RD. BROOKSVILLE, FL 34613

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNON, RONNIE 12537 MOON ROAD BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUGEWICZ, DOROTHY 3291 GRAYTON DR. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUGEWICZ, STAN 3291 GRAYTON DRIVE BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANNON, KELLY A 12537 MOON ROAD BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/23/07-80086-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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 all other filers empowered.

SIGNATURE: Ronnie Cannon **4-27-07** **352-596-7446**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ronnie Cannon