

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12005

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** FLORIDA LIGHTHOUSE TABERNACLE, INC.

**Current Principal Place of Business:**

8400 COMMERCIAL WAY  
WEEKI WACHEE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5238  
SPRING HILL, FL 34611 US

**New Mailing Address:**

**FEI Number:** 59-2902490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CANNON, RONNIE  
12537 MOON RD.  
BROOKSVILLE, FL 34613 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: PD ( ) Delete  
Name: CANNON, RONNIE  
Address: 12537 MOON ROAD  
City-St-Zip: BROOKSVILLE, FL 34613

Title: D ( ) Delete  
Name: KLUGEWICZ, DOROTHY  
Address: 3291 GRAYTON DR.  
City-St-Zip: SPRING HILL, FL 34609

Title: VPD ( ) Delete  
Name: CANNON, KELLY A  
Address: 12537 MOON ROAD  
City-St-Zip: BROOKSVILLE, FL 34613

Title: TSD ( ) Delete  
Name: KAHN, DEBORAH A  
Address: 14745 LITTLE LAKE ROAD  
City-St-Zip: SPRING HILL, FL 34610

Title: D ( ) Delete  
Name: KAHN, DONALD N  
Address: 14745 LITTLE LAKE ROAD  
City-St-Zip: SPRING HILL, FL 34610

**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:

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: KELLY A. CANNON

VPD

04/27/2009

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

\_\_\_\_\_  
Date