

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N12402

(6)

1. Corporation Name

LIGHTHOUSE TABERNACLE INC.

Principal Place of Business

Mailing Address

P.O. BOX 716
 SUMMERFIELD FL 34492
 US

P.O. BOX 716
 SUMMERFIELD FL 34492
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/05/1985

04/18/1994

4. FEI Number

Applied For

59-2054825

Not Applicable

5. Certificate of Status Desired

☐ \$0.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

☐ \$5.00 May Be
 Added to Fees

7. Nonprofit with IRS 501(c)(3)
 Tax Exempt Status

☐ **FILING FEE IS
 \$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNETT, ANN M
 4997 SE 145TH PL
 SUMMERFIELD FL 34491

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

VPT
 KNIGHT, MARGARET
 PO BOX 163 NA
 SUMMERFIELD FL

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

P.D.
 ANN MINNITI ARNETT
 P.O. BOX 215
 SUMMERFIELD, FL 34492

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

VPS
 ROBERTS, RUTH
 4029 SE 35TH AVE
 Ocala FL

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

VP
 JIM HUTCHINSON
 P.O. BOX 1254
 BELLEVUE, FL 34421

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

PD
 ARNETT, ANN MINNITI
 PO BOX 215 NA
 SUMMERFIELD FL

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

D
 RUTH ROBERTS
 4029 SE 35TH AVE
 Ocala, FL

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

D
 MINNITI, DAWN R
 PO BOX 215 NA
 SUMMERFIELD FL

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

ST
 MAXINE GORDLEY
 5315 SE 13TH ST
 BELLEVUE, FL 34420

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

D
 FOROS, JAMES
 4900 SW 102ND PL, LOT #130
 BELLEVUE FL 34420

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

D
 DOUG HUTCHINSON
 P.O. BOX 1254 NA
 BELLEVUE, FL 34421

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ann Minniti Arnett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/95
 DATE

904-244-1347
 (Outside Florida)

CR2E037 (3/95)