

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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

Highway 301 South

3. Date Incorporated or Qualified
12/05/1985

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2954825

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME ARNETT, ANN MINNITI

STREET ADDRESS P.O. BOX 215
CITY-ST-ZIP SUMMERFIELD FL 34492

TITLE VP ☐ DELETE

NAME HUTCHINSON, JIM

STREET ADDRESS P.O. BOX 1254
CITY-ST-ZIP BELLEVUE FL 34430

TITLE ☐ DELETE

NAME ROBERTS, RUTH
STREET ADDRESS 4020 SE 35TH AVENUE
CITY-ST-ZIP OCALA FL 34480

TITLE ST ☒ DELETE

NAME GORDLEY, MAXINE
STREET ADDRESS 5215 SE 113TH STREET
CITY-ST-ZIP BELLEVUE FL 34430

TITLE D ☐ DELETE

NAME HUTCHINSON, DOVE
STREET ADDRESS P.O. BOX 125TH
CITY-ST-ZIP BELLEVUE FL 34430

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

500001797525

04/29/96-01022-011

***\$61.25

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)(k), 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

4-12-96

Date

353-245-1349

Daytime Phone #

CR2E037 (12/95)