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May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34492-0716
US



3. Date Incorporated or Qualified **12/05/1985** 3a. Date of Last Report **04/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ARNETT, ANN MINNITI**
CITY-ST-ZIP **P. O. BOX 215 N/A**
SUMMERFIELD FL 34492

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **ARNETT, ANN M N/A**
1.4 CITY-ST-ZIP **P.O. BOX 215 N/A 4997 SE 145TH PLACE**
SUMMERFIELD, FL 34492 34491

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **HUTCHINSON, JIM**
CITY-ST-ZIP **P. O. BOX 1254 N/A**
BELLEVIEW FL 34420

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **VP**
2.3 STREET ADDRESS **JIM HUTCHINSON**
2.4 CITY-ST-ZIP **P.O. BOX 1254 N/A**
BELLEVIEW, FL 34421 BELLEVIEW 34420

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ROBERTS, RUTH**
CITY-ST-ZIP **4029 SE 35TH AVENUE**
OCALA FL 34480

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **BILL BARRETT**
3.4 CITY-ST-ZIP **P.O. BOX 155 N/A**
OCALA FL 32137 1558 SE 44TH CT
OCALA FL 32137

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **GARMS, HILDA**
CITY-ST-ZIP **405 HITCHCOCK DR**
LADY LAKE FL 32159

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **ST**
4.3 STREET ADDRESS **GARMS, HILDA**
4.4 CITY-ST-ZIP **405 HITCHCOCK DR.**
LADY LAKE, FL 32159

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HUTCHINSON, DOVIE**
CITY-ST-ZIP **P. O. BOX 125 N/A**
BELLEVIEW FL 34420

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **HUTCHINSON, DOVIE**
5.4 CITY-ST-ZIP **P.O. BOX 125 N/A**
BELLEVIEW, FL 34421 BELLEVIEW, FL 34420

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PAULINE HATCHER**
CITY-ST-ZIP **13216 SE 39TH CT.**
BELLEVIEW, FL 34420

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **ROSA VAUGHN**
6.4 CITY-ST-ZIP **5030 SE 14TH ST**
SUMMERFIELD, FL 34491

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

3-5-97

205-1347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/96)