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NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

LIGHTHOUSE TABERNACLE INC. Principal Place of Business P.O. BOX 716 SUMMERFELD FI. 34492 SUMMERFELD FI. 34493 SUM		1998	DIVISION OF CORPORATIONS			TIONS	Secretary of State
Principal Flace of Business				(6)			
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P.O. BOX 716 SUMMERFIELD FL 34492 SUMME							
SUMMERFIELD FL 34492 US SUM SUM 2. Principal Place of Business 2. Sum, Asiling Address 2. Suite, Apt. #, etc. 3.	Principal Plac	ce of Business	Mailing Addr	ess			E SABANSAN BER ISAN BIRDI BALIN KANDAN BIRDI
US ### FEI Number Applied For Not Applied F							3. Date Incorporated or Qualified
2. Principal Place of Business Za. Mailing Address Sy-2958825 Not Applicable To Sy-295825 Not Applicable		FL 34492		FL 34492			12/05/1985
April							7,35,132,731
Suite, Apt. #, etc. Suite, Address of New Registered Apent. ### ARNETT, ANN M	2. Principal F	Place of Business	2a. Mailing A	ddress			- 00 77
City & State							
City & State City & State City & State City & State Country Zip Zip		#, etc.		. #, etc.			, , , , , , , , , , , , , , , , , , ,
28 29 20 29 300 8. This corporation dwes or has peal the current year intangible personal Property Tax due June 30. Yes No. Yes Ye		е		te			
28 28 29 30 1							
9. Name and Address of Current Registered Agent ARNETT, ANN M 4997 SE 145TH PL SUMMERFIELD FL 34491 46 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 agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both in the state of the purpose of changing its registered agent and the purpose of changing its registered agent, or both in the appointment as registered agent, or both in t	— '	— ·	— ·		_	У	
ARNETT, ANN M 4997 SE 14STH PL SUMMERFIELD FL 34491 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 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, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, hydrod or privated name of registered agent and title if applicable. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD ORACLE TO THE STATE OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P SUMMERFIELD FL 14. ACTY-ST-2P TITLE VP ORACLE TO BELETE 1. TITLE VP ORACLE TO BELETE 1. TITLE VP ORACLE TO BELETE 2. TITLE ORACLE TO BELETE 2. TITLE ORACLE TO BELETE 3. TITLE ORACLE TO BELETE 4. TITLE ORACLE TO BELETE ADDITIONS TO BELETE 3. TITLE ORACLE TO BELETE 4. TITLE ORACLE TO BELETE 4. TITLE ORACLE TO BELETE ADDITIONS TO BELETE T	24				301		
4997 SE 145TH PL SUMMERFIELD FL 34491 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. Thereby accept the pulpose 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. Thereby accept the purpose of changing its registered agent, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD					8-	Name	
SUMMERFIELD FL 34491 11. Pursuant to the provisions of Sections 617.0502 and 617.1505, Florida Statutes, the above-named corporation submits this statement for the pursose 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, Nyed or pritted reams of registered agent and 69s if agelicable. (NOTE, Registered Agent and 69s if agent agent and 69s if agent agent and 69s if agent agent agent and 69s if agent agent and 69s if agent		•			82	2 Street /	Address (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and time if applicable (NOTE Registered Agent algorithe required when reinstating)					0.		-
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 agent, and accept the obligations of, Section 617.0503, Florida. Statutes. SIGNATURE Signature, hyped or private name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE	SUMME	KFIELD FL 34491				1	
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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable.					84	City	85 Zip Code
SIGNATURE Signature, hypod or privated name of registered agent and title if applicable. (NOTE, Registered Agent alganiture required when reinstalling) DATE	11. Pursuant	to the provisions of Sections 617.	0502 and 617.1508, Fl	orida Statute	s, the above	/e-named	
Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE PD ARNETT, ANN MINNITI 12 NAME STREET ADDRESS CITY-57-ZIP NAME STREET ADDRESS CITY-51-ZIP TITLE D ARRETT, BILL BARRETT, BARRETT, BARRET ADDRESS CITY-ST-ZIP BARRETT, BAR	agent. I a	m familiar with, and accept the o	bligations of, Section 6	17.0503, Flo	rida Statute	y me corp	poration's coard of directors. I hereby accept the appointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PARE ARREIT, ANN MINNITI P. O. BOX 215 N/A SUMMERFIELD FL 1.1 TITLE 1.2 MAME STREET ADDRESS CITY-ST-ZIP VP UTCHINSON, JIM P. O. BOX 1254 N/A SUMMERFIELD FL 1.4 CITY-ST-ZIP FITLE DAMAE STREET ADDRESS CITY-ST-ZIP FITLE DAMAE STREET ADDRESS CITY-ST-ZIP TITLE ST GARMS, HILDA 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE ST GARMS, HILDA 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DAMAE STREET ADDRESS CITY-ST-ZIP TITLE ST GARMS, HILDA 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DAMAE STREET ADDRESS CITY-ST-ZIP TITLE ST GARMS, HILDA 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Addit	SIGNATURE .	Signature, board or printed name of registers	d agent and title if applicable	/NOTE	- Control 4	ant signature	
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CTECT ADDRESS 12216 S.E. 20TH CT	SINEEL AUUNESS						

14. I hereby certify that the information supplied with this filling 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:

FILED

Feb 02 1998 8:00am