


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90175 027 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N12402					
1. Corporation Name LIGHTHOUSE TABERNACLE INC.					
Principal Place of Business P.O. BOX 716 SUMMERFIELD FL 34492 US			Mailing Address P.O. BOX 716 SUMMERFIELD FL 34492 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/05/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2954825	
24 Country		29 Country		30	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing				\$5.00 May Be Added to Fees	
Trust Fund Contribution <input type="checkbox"/>					

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			
				85 Zip Code			
				Lady Lake FL 32159			

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Donald H. Garms Sr. DATE 2/2/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME ARNETT, ANN MINNITI				1.2 NAME			
STREET ADDRESS P. O. BOX 215 N/A				1.3 STREET ADDRESS			
CITY-ST-ZIP SUMMERFIELD FL				1.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME HUTCHINSON, JIM				2.2 NAME			
STREET ADDRESS P. O. BOX 1254 N/A				2.3 STREET ADDRESS			
CITY-ST-ZIP BELLEVIEW FL 34420				2.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BARRETT, BILL				3.2 NAME			
STREET ADDRESS P.O. BOX 155 N/A				3.3 STREET ADDRESS			
CITY-ST-ZIP OCKLAWAHA FL				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME GARMS, HILDA				4.2 NAME			
STREET ADDRESS 405 HITCHCOCK DR				4.3 STREET ADDRESS			
CITY-ST-ZIP LADY LAKE FL				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME HUTCHINSON, DOVE				5.2 NAME			
STREET ADDRESS P. O. BOX 125 N/A				5.3 STREET ADDRESS			
CITY-ST-ZIP BELLEVIEW FL 34420				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME HATCHER, PAULINE				6.2 NAME			
STREET ADDRESS 13216 S.E. 39TH CT				6.3 STREET ADDRESS			
CITY-ST-ZIP BELLEVIEW FL				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: HYLDA GARMS DATE 2/2/99 DAYTIME PHONE # 352-753-3602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)