

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90032 030 ****70.00

0088023

DOCUMENT # N12402

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2954825

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARMS, DONALD SR
405 HITCHCOCK
LADY LAKE FL 32159

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Don N. L...

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

(NOTE: Registered Agent signature required when reinstating)

3/31/2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DAVIS, ANN MINNITI**
STREET ADDRESS **P O BOX 215**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **D** ☐ Change ☒ Addition
NAME **Dick Davis**
STREET ADDRESS **PO Box 215**
CITY-ST-ZIP **Summerfield FL 34491**

TITLE **VP** ☒ Delete
NAME **HOLLENBECK, JANET**
STREET ADDRESS **5523 SE 107TH PLACE**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE **D** ☐ Change ☒ Addition
NAME **Shirley Rouse**
STREET ADDRESS **8900 US Hwy 441 Lot 12**
CITY-ST-ZIP **Ocala FL 34480**

TITLE **D** ☐ Delete
NAME **VAUGHN, ROSA**
STREET ADDRESS **5030 SE 148TH ST**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **D** ☐ Change ☐ Addition
NAME **Carlton Gay**
STREET ADDRESS **4990 SE 149th Place**
CITY-ST-ZIP **Summerfield FL 34491**

TITLE **ST** ☐ Delete
NAME **GARMS, HYLDA**
STREET ADDRESS **405 HITCHCOCK DR**
CITY-ST-ZIP **LADY LAKE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HOLLENBECK, VICTOR**
STREET ADDRESS **5523 SE 107TH PLACE**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HATCHER, PAULINE**
STREET ADDRESS **13216 S.E. 39TH CT**
CITY-ST-ZIP **BELLEVIEW FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don N. L...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1-2002 352-245-1347

Date Daytime Phone #

CR2E037 (9/01)