

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90037 025 *****70.00

DOCUMENT # N12402

1. Entity 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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald H. Garms Sr*

Donald H. Garms Sr

3/24/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD DAVIS, ANN MINNITI	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 215	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE NAME	D DAVIS, DICK	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 215	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE NAME	D VAUGHN, ROSA	<input type="checkbox"/> Delete
STREET ADDRESS	5030 SE 148TH ST	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE NAME	ST GARMS, HYLDA	<input type="checkbox"/> Delete
STREET ADDRESS	405 HITCHCOCK DR	
CITY-ST-ZIP	LADY LAKE FL	
TITLE NAME	D ROUSE, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS	8900 US HWY 441 LOT 12	
CITY-ST-ZIP	OCALA FL 34480	
TITLE NAME	D HATCHER, PAULINE	<input type="checkbox"/> Delete
STREET ADDRESS	13216 S.E. 39TH CT	
CITY-ST-ZIP	BELLEVIEW FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Hylde E Garms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2004

352-753-3602

Daytime Phone #