

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12402

FILED
Jan 15, 2007
Secretary of State

Entity Name: LIGHTHOUSE TABERNACLE INC.

Current Principal Place of Business:

P.O. BOX 716
SUMMERFIELD, FL 34492 US

New Principal Place of Business:

14515 SOUTH HWY 301
SUMMERFIELD, FL 34492 US

Current Mailing Address:

P.O. BOX 716
SUMMERFIELD, FL 34492 US

New Mailing Address:

FEI Number: 59-2954825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARMS, DONALD SR
405 HITCHCOCK
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SHAW, PEARLIE MAE
Address: P.O. BOX 717
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: DAVIS, DICK
Address: PO BOX 215
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: VAUGHN, ROSA
Address: 5030 SE 148TH ST
City-St-Zip: SUMMERFIELD, FL 34491

Title: ST () Delete
Name: GARMS, HYLDA
Address: 405 HITCHCOCK DR
City-St-Zip: LADY LAKE, FL

Title: D () Delete
Name: ROUSE, SHIRLEY
Address: 8900 US HWY 441 LOT 12
City-St-Zip: OCALA, FL 34480

Title: PD () Delete
Name: SHAW, WILLIE
Address: 4160 SE 145TH ST
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SHAW, WILLIE PRESIDE
Address: 4160 SE 145TH ST
City-St-Zip: SUMMERFIELD, FL 34491

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE SHAW

PRES

01/15/2007

Electronic Signature of Signing Officer or Director

Date