

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90057 040 \*\*\*\*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



☐ CHECK HERE IF MAKING CHANGES

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

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**

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

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 **Carlton GAY**  
STREET ADDRESS **4990 SE 149th Place**  
CITY-ST-ZIP **Summerfield FL 34491**

TITLE **D** ☐ Delete  
NAME **DAVIS, DICK**  
STREET ADDRESS **PO BOX 215**  
CITY-ST-ZIP **SUMMERFIELD FL 34491**

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

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

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

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 **ROUSE, SHIRLEY**  
STREET ADDRESS **8900 US HWY 441 LOT 12**  
CITY-ST-ZIP **OCALA FL 34480**

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: *Ann Minniti Davis*

1-29-2003

CR2E037 (10/02)