

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12855

(5)

1. Corporation Name

THE CHARITY LIGHTHOUSE OF FAITH, INC.

Principal Place of Business

3205 DODGE ST.
TAMPA FL 33605

Mailing Address

3205 DODGE ST.
TAMPA FL 33605



3. Date Incorporated or Qualified
12/28/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2719215

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, NAMON JR
3205 DODGE ST
TAMPA FL 33605

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILSON, NAMON JR.
STREET ADDRESS 3205 DODGE ST
CITY- ST- ZIP TAMPA FL ☐ DELETE

11 TITLE
12 NAME ☐ Change ☐ Addition
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE VD
NAME WILSON, VALERIE
STREET ADDRESS 3205 DODGE ST.
CITY- ST- ZIP TAMPA FL ☐ DELETE

21 TITLE
22 NAME ☐ Change ☐ Addition
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE TD
NAME ARLINE, AUTHUR L.
STREET ADDRESS 3402 E. MOHAWK
CITY- ST- ZIP TAMPA FL ☐ DELETE

31 TITLE
32 NAME ☐ Change ☐ Addition
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE T
NAME DORSEY, HENRY D.
STREET ADDRESS 6808 N. 23RD STREET
CITY- ST- ZIP TAMPA FL ☐ DELETE

41 TITLE
42 NAME ☐ Change ☐ Addition
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE S
NAME ARLINE, CHARLESETTA W.
STREET ADDRESS 3402 E. MOHAWK
CITY- ST- ZIP TAMPA FL ☐ DELETE

51 TITLE
52 NAME ☐ Change ☐ Addition
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

61 TITLE
62 NAME ☐ Change ☐ Addition
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 (813) 238-4607
Date Daytime Phone #

CR2E037 (12/95)