

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N12855**

1. Entity Name

**THE CHARITY LIGHTHOUSE OF FAITH, INC.****FILED****May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90048 017 \*\*\*\*70.00

Principal Place of Business

**3205 DODGE STREET  
TAMPA FL 33605**

Mailing Address

**3205 DODGE STREET  
TAMPA FL 33605-2350**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2719215**

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****WILSON, NAMON JR  
3205 DODGE STREET  
TAMPA FL 33605**

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

*Namon Wilson Jr. (Pres.) Namon Wilson Jr* **5/5/00**

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  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **P D** ☐ Delete  
NAME **WILSON, NAMON JR.**  
STREET ADDRESS **3205 DODGE STREET**  
CITY - ST - ZIP **TAMPA FL 33605**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE **V D** ☐ Delete  
NAME **WILSON, VALERIE**  
STREET ADDRESS **3205 DODGE STREET**  
CITY - ST - ZIP **TAMPA FL 33605**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE **T D** ☐ Delete  
NAME **MULDROW, ERMA**  
STREET ADDRESS **3611 EAST HENRY AVENUE**  
CITY - ST - ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE **T D** ☐ Delete  
NAME **ALLEN, ROMA D S.R.**  
STREET ADDRESS **1106 GERSHAL AVENUE**  
CITY - ST - ZIP **PITTSBURGH NJ 08302**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE **S** ☐ Delete  
NAME **WATLEY, VIOLET E**  
STREET ADDRESS **7901 HOLLY LEA COURT, # A**  
CITY - ST - ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ 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:

*Namon Wilson Jr. (Pres.) Namon Wilson Jr* **5/5/00 (813) 623-6685**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)