



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N12855 1. Entity Name THE CHARITY LIGHTHOUSE OF FAITH, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 MAY 26 PM 3:34	
Principal Place of Business 3205 DODGE STREET TAMPA, FL 33605				Mailing Address 3205 DODGE STREET TAMPA, FL 33605			
2. Principal Place of Business		3. Mailing Address				03042003 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 59-2719215				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, NAMON JR 3205 DODGE STREET TAMPA, FL 33605				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____							
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, NAMON JR.			NAME	400037802994 06/09/04--01043--023 **70.00		
STREET ADDRESS	3205 DODGE STREET			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33605			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, VALERIE			NAME			
STREET ADDRESS	3205 DODGE STREET			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33605			CITY-ST-ZIP			
TITLE	T/D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MULDROW, ERMA			NAME			
STREET ADDRESS	3611 EAST HENRY AVENUE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, ROMA D S.R.			NAME			
STREET ADDRESS	1106 GERSHAL AVENUE			STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH, NJ 08302			CITY-ST-ZIP			
TITLE	SDT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WATLEY, VIOLET E (monique)			NAME			
STREET ADDRESS	12444 N 15TH ST APT X P.O. Box 2684			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33642 Vineland, NJ. 08360			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 another like empowered.							
SIGNATURE: <i>Violet E. M. Watley</i> - Violet E. M. Watley				5/10/04		813-623-6685	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	