2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 09, 2005 8:00 am Secretary of State DOCUMENT # N12855 05-09-2005 90281 036 ****61.25 THE CHARITY LIGHTHOUSE OF FAITH, INC. Principal Place of Business Mailing Address 3205 DODGE STREET 3205 DODGE STREET CITITAL TAMPA, FL 33605 TAMPA, FL 33605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2719215 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, NAMON JR 3205 DODGE STREET Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33605 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by September 7, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 P/D TITLE ☐ Delete TITLE ☐ Addition WILSON, NAMON JR. NAME NAME STREET ADDRESS STREET ADDRESS 3205 DODGE STREET TAMPA, FL 33605 CITY-ST-ZIP CITY-ST-7iP ☐ Delete TITLE ☐ Addition Channe TITLE WILSON, VALERIE wilson, VALERIE NAME 3205 DODGE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33605** CITY-ST-78P SDT TITI F ☐ Delete TITLE ☐ Change ☐ Addition WATLEY, VIOLET NAME NAME P.O. BOX 2684 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VINELAND, NJ 08360 CITY-ST-ZIP Delete ☐ Addition en, Roma D. Sr. NAME ALLEN, ROMA D.S.R. NAME 1106 Gerstal tunue STREET ADDRESS STREET ADDRESS 1106 GERSHAL AVENUE PITTSGROVE, NJ 08302 CITY-ST-ZIP CITY-ST-ZIP Pittsgrove, NJ 08302 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change | ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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(VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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