

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90450 027 ****61.25

DOCUMENT # N12855

1. Entity Name
THE CHARITY LIGHTHOUSE OF FAITH, INC.



Principal Place of Business

**3205 DODGE STREET
TAMPA, FL 33605**

Mailing Address

**3205 DODGE STREET
TAMPA, FL 33605**

60031598



04212006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2719215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/D
WILSON, NAMON JR.
3205 DODGE STREET
TAMPA, FL 33605**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VDT
WILSON, VALERIE
3205 DODGE STREET
TAMPA, FL 33605**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SDT
WATLEY, VIOLET
P.O. BOX 2684
VINELAND, NJ 08360**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DC
ALLEN, ROMA D SR
1106 GERSHAL AVE
BRIDGETON, NJ 08302**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06
Date

850-966 8538
Daytime Phone #