

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90010 037 \*\*\*\*70.00

DOCUMENT # N12855

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



40101407

Principal Place of Business  
3205 DODGE STREET  
TAMPA, FL 33605

Mailing Address  
3205 DODGE STREET  
TAMPA, FL 33605

2. Principal Place of Business - No P.O. Box #  
7751 119th Ave East  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 11307  
Suite, Apt. #, etc.

05212007 Chg-NP CR2E037 (12/06)

City & State  
Parrish, Fla  
Zip 34219 Country US

City & State  
Tampa FL  
Zip 33607 Country US

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

WILSON, NAMON JR  
3205 DODGE STREET  
TAMPA, FL 33605

7. Name and Address of New Registered Agent

Name Erma Muldron  
Street Address (P.O. Box Number is Not Acceptable)  
7751 119th Avenue East  
City Parrish FL Zip Code 34219

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 Erma Muldron - Director/Treasurer Erma Muldron 8/13/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying) DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE ~~W/D~~  
NAME WILSON, VALERIE  
STREET ADDRESS 3205 DODGE STREET  
CITY-ST-ZIP TAMPA, FL 33605 ☐ Delete

TITLE ~~W/D~~  
NAME WATLEY, VIOLET  
STREET ADDRESS P.O. BOX 2684  
CITY-ST-ZIP VINELAND, NJ 08360 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D  
NAME Wilson Namon JR  
STREET ADDRESS P.O. Box 2683 (33 Chestnut Ave # 215)  
CITY-ST-ZIP Vineland NJ 08362 ☒ Change ☐ Addition

TITLE ~~W/D~~  
NAME Wilson, Valerie  
STREET ADDRESS P.O. Box 2683 (33 Chestnut Ave #215)  
CITY-ST-ZIP Vineland, NJ 08362 ☒ Change ☐ Addition

TITLE ~~W/D~~  
NAME Watley, V. Monique  
STREET ADDRESS P.O. Box 2684  
CITY-ST-ZIP Vineland NJ 08360 ☒ Change ☐ Addition

TITLE ~~W/D~~  
NAME Muldron, Erma  
STREET ADDRESS 7751 119th Ave East  
CITY-ST-ZIP Parrish FL 34219 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Violet Abou-Saïd Managing Director/Secretary 8/13/07 (856) 696-8528  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #