

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

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N13531**

1. Entity Name  
**THE GOSPEL LIGHTHOUSE CHURCH OF PENSACOLA,  
INC.**



Principal Place of Business  
**2001 NORTH T STREET  
PENSACOLA, FL 32505**

Mailing Address  
**2001 NORTH T STREET  
PENSACOLA, FL 32505**



01222006 No Chg-NP CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2636397**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MATTHEWS, JR. EDELS F.  
2001 NORTH T STREET  
PENSACOLA, FL 32505**

**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 PD  
NAME VAN DYKE, HERBERT H.  
STREET ADDRESS 8172 MOBILE HWY.  
CITY-ST-ZIP PENSACOLA, FL

TITLE VD  
NAME VAN DYKE, ALICE M.  
STREET ADDRESS 8172 MOBILE HWY.  
CITY-ST-ZIP PENSACOLA, FL

TITLE STD  
NAME GORDON, BRENDA  
STREET ADDRESS 8172 MOBILE HWY.  
CITY-ST-ZIP PENSACOLA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000409825  
02/09/06-80012-006 61.25

**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

*Brenda Gordon* 1-26-06 (850) 433 2740  
Date Daytime Phone #