2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2002 8:00 am Secretary of State **DOCUMENT # N17171** 1. Entity Name HIGHLANDS LIGHTHOUSE MINISTRIES, INC. 05-22-2002 90117 029 ****61.25 Principal Place of Business Mailing Address P.O. BOX 120907 P.O. BOX 120907 CLERMONT FL 34712 CLERMONT FL 34712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name "Street Address (P.O. Box Number is Not Acceptable) ----D'ALESIO, REV. JOHN 827 PARK TRAIL DR CLERMONT FL 34711 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 Florida. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. E037 (9/01) ☐ Addition TITLE Change TITLE Delete D'ALESIO, REV. JOHN NAME NAME 827 PARK TRAIL DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CLERMONT FL DVT TITLE ☐ Delete TITLE Change ☐ Addition D'ALESIO, MARY JANE NAME NAME 827 PARK TRAIL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT FL CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition STEELE, MARJORIE C NAME NAME 827 PARK TRAIL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE

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 attachagent with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP