


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N17171 1. Entity Name HIGHLANDS LIGHTHOUSE MINISTRIES, INC.	
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Principal Place of Business P.O. BOX 120907 CLERMONT, FL 34712	Mailing Address P.O. BOX 120907 CLERMONT, FL 34712
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05062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

D'ALESIO, REV. JOHN
827 PARK TRAIL DR
CLERMONT, FL 34711

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)

Filing Fee is \$61.25
Due by September 5, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000160392
 05/14/04-80001-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP D'ALESIO, REV. JOHN 827 PARK TRAIL DR CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT D'ALESIO, MARY JANE 827 PARK TRAIL DR CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEELE, MARJORIE C 827 PARK TRAIL DR CLERMONT, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: *Pastor John D'Alesio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-04 352-242-9589
City Daytime Phone #