

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90037 013 ****61.25

DOCUMENT # N18212

1. Entity Name

LIGHTHOUSE BAPTIST CHURCH OF SWITZERLAND, INC.

Principal Place of Business

Mailing Address

1295 ROBERTS RD
 JACKSONVILLE FL 32259

1295 ROBERTS RD
 JACKSONVILLE FL 32259

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~50-2874662~~ **59-3714076**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGAN, MARK K
 11247 SAN JOSE BLVD
 APT #1709
 JACKSONVILLE FL 32223

Name

MARK K. AGAN

Street Address (P.O. Box Number is Not Acceptable)

1295-A ROBERTS RD.

City

JACKSONVILLE

FL

Zip Code

32259

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.

X
 SIGNATURE **MARK K. AGAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **AGAN, MARK K**
 STREET ADDRESS **11247 SAN JOSE BLVD #1709**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☒ Change ☐ Addition
 NAME **MARK K. AGAN**
 STREET ADDRESS **1295-A ROBERTS RD.**
 CITY-ST-ZIP **JAX, FL 32259**

TITLE **D** ☐ Delete
 NAME **SCHUSTER, CLARENCE**
 STREET ADDRESS **433 FRUIT COVE ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32259-2858**

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

TITLE **TD** ☐ Delete
 NAME **CRAVEN, KEVIN**
 STREET ADDRESS **156 N LAKE CUNNINGHAM**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 the empowered.

SIGNATURE:

MARK K. AGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-287-2417

CR2E037 (9/01)