2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 11, 2007 DOCUMENT# N18212 Secretary of State

Entity Name: LIGHTHOUSE BAPTIST CHURCH OF SWITZERLAND, INC.

Current Principal Place of Business: New Principal Place of Business:

1295 ROBERTS RD 1295 ROBERTS RD JACKSONVILLE, FL 32259 ST JOHNS, FL 32259

Current Mailing Address: New Mailing Address:

1295 ROBERTS RD 1295 ROBERTS RD JACKSONVILLE, FL 32259 ST JOHNS, FL 32259

FEI Number: 59-2874662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AGAN, MARK K CROSBY, DARRELL R 6550 ST ŔD 13 N 1295-A ROBERTS RD

JACKSONVILLE, FL 32259 ST AUGUSTINE, FL 32092 US US

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: DARREL R. CROSBY 09/11/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

AGAN, MARK K CROSBY, DARRELL R Name: Name: 1295-A ROBERTS RD Address: 6550 ST RD 13 N Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: ST AUGUSTINE, FL 32092

Title: () Delete Title: () Change () Addition

Name: SCHUSTER, CLARENCE Name: Address: 433 FRUIT COVE ROAD Address: City-St-Zip: JACKSONVILLE, FL 322592858 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

GAZAWAY, CLIFTON Name: MCGEHEE, CHARLES J Name: Address: 1184 FRIENDSHIP DR Address: 2264 ST RD 13 City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: ST JOHNS, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL R. CROSBY PD 09/11/2007