

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20246

FILED
Jan 11, 2009
Secretary of State

Entity Name: LIGHTHOUSE OF GOD IN CHRIST, INC.

Current Principal Place of Business:

26740 SW 138 CT
NARANJA, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

1295 NW 41 STREET
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: 59-2803609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, ARLENE LAWTON
1295 NW 41ST
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

DAVIS, ARLENE B
1295 NW 41ST
MIAMI, FL 33142 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: ARLENE B DAVIS

01/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, ARLENE LAWTON
Address: 1295 NW 41ST
City-St-Zip: MIAMI, FL 33142

Title: S () Delete
Name: WHITE, BETTY J
Address: 17860 SW 111 AVE
City-St-Zip: MIAMI, FL 33157

Title: AS () Delete
Name: DAVIS, CHARLES
Address: 1295 NE 41ST ST
City-St-Zip: MIAMI, FL 33142

Title: M () Delete
Name: WATTS, ELIZABETH ANN,
Address: 15024 SW 303ST
City-St-Zip: HOMESTEAD, FL 33032

Title: VPD () Delete
Name: ROGERS, MONICA
Address: 11140 SW 176 STREET
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: SMITH, GREGORY
Address: 19712 SW 121 AVE
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, ARLENE B
Address: 1295 NW 41ST
City-St-Zip: MIAMI, FL 33142

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ARLENE B. DAVIS

PD

01/11/2009

Electronic Signature of Signing Officer or Director

Date