FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

NONPROFIT CORPORATION ANNUAL REPORT 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:08

DOCUMENT # N27394 (8)

1. Corporation Name
LIGHTHOUSE GOSPEL ASSEMBLY, INC.

Principal Place of Business	Mailing Address
C/O REV. JOACHIUS EMMANUEL 320 N.E. 44TH STREET POMPANO FL 33064	C/O REV. JOACHIUS EMMANUEL 320 N.E. 44TH STREET POMPANO FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1988
3a. Date of Last Report: 03/03/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 LIGHTHOUSE GOSPEL ASS. INC	26 Rev. Joachius Emmanuel
Suite, Apt. #, etc 22 4007 NW 78 TERRACE	Suite, Apt. #, etc 27 4007 N W 78 TERRACE
City & State 23 CORAL SPRINGS FL	City & State 28 CORAL SPRINGS FL
Zip / Country 24 33065 / 25 USA	Zip / Country 29 33065 / 30 USA

9. Name and Address of Current Registered Agent

EMMANUEL, JOACHIUS
320 N.E. 44TH STREET
POMPANO FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
(Signature required for change of registered agent and the new address) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EMMANUEL, JOACHIM	12 NAME	
STREET ADDRESS	4007 NW 78 TERRACE	13 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CUPID, PHILLIP	22 NAME	
STREET ADDRESS	3911 NE 4TH AVE	23 STREET ADDRESS	
CITY ST ZIP	POMPANO FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	EMMANUEL, LEONARD	32 NAME	
STREET ADDRESS	320 NE 44 STREET	33 STREET ADDRESS	
CITY ST ZIP	POMPANO FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cupid PHILIP CUPID 07/16/95 (305) 974-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E037 (3/95)

0000840