

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27394

1. Entity Name

THE LIGHTHOUSE COMMUNITY CHURCH, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90055 029 ****61.25

Principal Place of Business

8542 NW 25 PL
CORAL SPRINGS FL 33065
US

Mailing Address

PO BOX 770306
CORAL SPRINGS FL 33077-0306
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 EMMANUEL, JOACHIM
STREET ADDRESS 8542 NW 25 PL
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition

TITLE STD ☐ Delete

NAME FORD, KENNETH
STREET ADDRESS 700 NE 44 ST
CITY-ST-ZIP POMPANO FL 33064

TITLE ☐ Change ☐ Addition

TITLE VD ☐ Delete

NAME EMMANUEL, LEONARD
STREET ADDRESS 320 NE 44 STREET
CITY-ST-ZIP POMPANO FL 33064

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-02-00 (954) 341-7721

CR2E037 (9/99)