

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27394

FILED
Feb 12, 2008
Secretary of State

Entity Name: THE LIGHTHOUSE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

8542 NW 25 PL
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 770306
CORAL SPRINGS, FL 33077 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EMMANUEL, JOACHIM,
Address: 8542 NW 25 PL
City-St-Zip: CORAL SPRINGS, FL 33065

Title: STD () Delete
Name: FORD, KENNETH
Address: 700 NE 44 ST
City-St-Zip: POMPANO, FL 33064

Title: VD () Delete
Name: EMMANUEL, LEONARD,
Address: 320 NE 44 STREET
City-St-Zip: POMPANO, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
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: JOACHIM EMMANUEL

PD

02/12/2008

Electronic Signature of Signing Officer or Director

_____ Date