

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N27982

1. Entity Name
LIGHTHOUSE HOLYGHOST CENTER, INC.



Principal Place of Business
2405 NW 160TH ST.
OPA-LOCKA, FL 33054

Mailing Address
2405 NW 160TH ST.
OPA-LOCKA, FL 33054



01062004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORGAN, CHARLES O. JR.
1300 N.W. 167TH STREET
MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

Print

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000134870
04/28/04 08037 014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, DELORIS 2405 NW 160TH ST. OPA-LOCKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCINTOSH, HOLLY 5421 FLETCHER ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, KAREN 17150 NW 41ST AVE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PHILLIPS, LOLLIE MAE 21001 NW 31ST AVE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Deloris Davis* DELORIS DAVIS

4/24/04

305 961-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #