

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90345 010 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DAVIS, DELORIS**
STREET ADDRESS **2405 NW 160TH ST.**
CITY-ST-ZIP **OPA-LOCKA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **JONES, CEDRICKA**
STREET ADDRESS **14415 N.W. 20 AVE.**
CITY-ST-ZIP **OPA-LOCKA FL**

TITLE **SD** ☒ Change ☐ Addition
NAME **MCINTOSH, HOLLY**
STREET ADDRESS **5421 Fletcher Street**
CITY-ST-ZIP **Hollywood, FL**

TITLE **TD** ☐ Delete
NAME **HARRIS, RUTHIE**
STREET ADDRESS **16430 NW 18TH PLACE**
CITY-ST-ZIP **OPA-LOCKA FL**

TITLE **TD** ☒ Change ☐ Addition
NAME **Thomas, Karen**
STREET ADDRESS **17150 N.W. 41 Ave.**
CITY-ST-ZIP **MIAMI, FLA. 33055**

TITLE **TR** ☐ Delete
NAME **PHILLIPS, LOLLIE MAE**
STREET ADDRESS **16240 N.W. 19 AVE.**
CITY-ST-ZIP **OPA-LOCKA FL**

TITLE **TR** ☒ Change ☐ Addition
NAME **Phillips, Lollie Mae**
STREET ADDRESS **21001 N.W. 31 Ave.**
CITY-ST-ZIP **Miami, FLA. 33055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Deloris Davis** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/03

Date

305-961-9002

Daytime Phone #

CR2E037 (4/03)