

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90043 001 \*\*\*\*61.25

**DOCUMENT # N28997**

1. Entity Name

LIGHTHOUSE OF HOPE COMMUNITY CHURCH OF  
MASCOTTE, FLORIDA, INC.



Principal Place of Business

215 THOMAS STREET  
MASCOTTE FL 34753

Mailing Address

P.O. BOX 186  
MASCOTTE FL 34753



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, WILLIAM N  
4052 LAKE ELEANOR DRIVE  
MOUNT DORA FL 32757

Name **Hector E Calix**  
Street Address (P.O. Box Number is Not Acceptable)  
**215 THOMAS ST.**

City **Mascotte**

FL

Zip Code  
**34753**

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, the registered agent.

SIGNATURE

*[Signature]* **Hector E Calix**

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**  
**Due By May 1, 2008**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, WILLIAM N	
STREET ADDRESS	4052 LAKE ELEANOR DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALIX, HECTOR	
STREET ADDRESS	PO BOX 1179/ 38 W. MYERS BLVD.	
CITY-ST-ZIP	MASCOTTE FL 34753	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, DIANN	
STREET ADDRESS	313 WILDWOOD	
CITY-ST-ZIP	MASCOTTE FL 34736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hector E Calix	
STREET ADDRESS	215 Thomas St	
CITY-ST-ZIP	Mascotte FL 34753	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nathan W White	
STREET ADDRESS	4052 Lake Eleanor Drive	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryan J Calix	
STREET ADDRESS	215 Thomas St	
CITY-ST-ZIP	Mascotte FL 34753	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 officer 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 to an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**Hector E Calix**

**Feb 22-08 (352 409 2672)**