

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32094

1. Entity Name

LIGHTHOUSE APOSTOLIC CHURCH, INC.

FILED

Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90320 050 ****61.25

Principal Place of Business

C/O CHARLES SNYDER
5460 COLLINS CHAPEL RD
MALONE FL 32445

Mailing Address

C/O CHARLES SNYDER
5460 COLLINS CHAPEL RD
MALONE FL 32445

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2980424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNYDER, CHARLES
5460 COLLINS CHAPEL RD
MALONE FL 32445

7. Name and Address of New Registered Agent

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

4-15-02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SNYDER, CHARLES	
STREET ADDRESS	PO BOX 537 N/A	
CITY-ST-ZIP	MALONE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PADGETT, CHARLES W.	
STREET ADDRESS	PO BOX 537 N/A	
CITY-ST-ZIP	MALONE FL	
TITLE		<input type="checkbox"/> Delete
NAME	KITCHENS, DANIEL	
STREET ADDRESS	PO BOX 537	
CITY-ST-ZIP	MALONE FL 32445	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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

Charles Snyder

Date

Daytime Phone #

CR2E037 (9/01)