

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38160

FILED
Apr 29, 2004
Secretary of State**Entity Name:** LIGHTHOUSE CHRISTIAN FELLOWSHIP, INC.**Current Principal Place of Business:**1897 COUNTY RD 308
CRESCENT CITY, FL 32112 US**New Principal Place of Business:****Current Mailing Address:**1897 COUNTY RD 308
CRESCENT CITY, FL 32112 US**New Mailing Address:****FEI Number:** 59-3022226**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OWENS, PAULA
1897 C R 308
CRESCENT CITY, FL 32112 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: P () Delete
Name: OWENS, JOHN
Address: 1897 C R 308
City-St-Zip: CRESCENT CITY, FL 32112

Title: T () Delete
Name: SHOWERS, DALE
Address: 106 PINE FOREST CIR
City-St-Zip: CRESCENT CITY, FL 32112

Title: T () Delete
Name: SHERWOOD, PAMELA
Address: PO BOX 495
City-St-Zip: SEVILLE, FL 32190

Title: S () Delete
Name: OWENS, PAULA
Address: 1897 C R 308
City-St-Zip: CRESCENT CITY, FL 32112

Title: T () Delete
Name: OWENS, CHRISTIE
Address: 1897 C.R. 308
City-St-Zip: CRESCENT CITY, FL 32112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FAITH, SHOWERS
Address: 106 PINE FOREST CIRCLE
City-St-Zip: CRESCENT CITY, FL 32112

Title: T (X) Change () Addition
Name: OWENS, PAULA
Address: 1897 C R 308
City-St-Zip: CRESCENT CITY, FL 32112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN OWENS

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date