2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 10, <u>2</u>008 DOCUMENT# N38160 Secretary of State

Entity Name: LIGHTHOUSE CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

1897 COUNTY RD 308

CRESCENT CITY, FL 32112 US

Current Mailing Address: New Mailing Address:

1897 COUNTY RD 308

CRESCENT CITY, FL 32112 US

FEI Number: 59-3022226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OWENS, PAULA 1897 C R 308

CRESCENT CITY, FL 32112 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

OWENS, JOHN Name: Name:

1897 C R 308 Address: Address: City-St-Zip: CRESCENT CITY, FL 32112 City-St-Zip:

Title: Title: (X) Change () Addition () Delete

SHOWERS, DALE Name: OWENS, JOSHUA Name: Address: 106 PINE FOREST CIR Address: 7150 33RD STREET City-St-Zip: CRESCENT CITY, FL 32112 City-St-Zip: VERO BEACH, FL 32966

Title: () Delete Title: SECY (X) Change () Addition

FAITH, SHOWERS PAULA, OWENS Name: Name: 106 PINE FOREST CIRCLE 1897 COUNTY ROAD 308 Address: Address: City-St-Zip: CRESCENT CITY, FL 32112 City-St-Zip: CRESCENT CITY, FL 32112

Title: () Delete Title: () Change () Addition

Name: OWENS, PAULA Name: 1897 C R 308 Address: Address: CRESCENT CITY, FL 32112 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition

PERRONE, CHRISTIE Name: Name: 1726 LACONIA ST Address: Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

OWENS, JOSHUA OWENS, JOSHUA Name: Name: Address: 1071 35TH AVE Address: 7150 33RD STREET VERO BEACH, FL 32960 VERO BEACH, FL 32966 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAULA OWENS **SECY** 07/10/2008