

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

FILED
May 27, 2003 8:00 am
Secretary of State

5/17

05-01-2003 90357 004 ****61.25

DOCUMENT # N38160

1. Entity Name

LIGHTHOUSE CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

1897 COUNTY RD 308
CRESCENT CITY FL 32112
US

Mailing Address

1897 COUNTY RD 308
CRESCENT CITY FL 32112
US

55044219



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3022226**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, PAULA
1897 C R 308
CRESCENT CITY FL 32112

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

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 **P** ☐ Delete
NAME **OWENS, JOHN**
STREET ADDRESS **1897 C R 308**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

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

TITLE **T** ☐ Delete
NAME **SHOWERS, DALE**
STREET ADDRESS **108 PINE FOREST CIR**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

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

TITLE **T** ☒ Delete
NAME **CORRIE, ELISSA**
STREET ADDRESS **P O BOX 429**
CITY-ST-ZIP **GEORGETOWN FL 32139**

TITLE **T** ☐ Change ☒ Addition
NAME **Pamela Sherwood**
STREET ADDRESS **P O Box 495**
CITY-ST-ZIP **Seville FL 32190**

TITLE **S** ☐ Delete
NAME **OWENS, PAULA**
STREET ADDRESS **1897 C R 308**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

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

TITLE **T** ☒ Delete
NAME **DUNSON, FRANKLIN**
STREET ADDRESS **P O BOX 673 (221 OLD HWY 17)**
CITY-ST-ZIP **LAKE COMO FL 32157**

TITLE **T** ☐ Change ☒ Addition
NAME **Christie Owens**
STREET ADDRESS **1897 C.R. 308**
CITY-ST-ZIP **CRESCENT CITY, FL 32112**

TITLE **T** ☒ Delete
NAME **SHOWER, DALE**
STREET ADDRESS **P O BOX 403**
CITY-ST-ZIP **POMONA PARK FL 32181**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 388-462-2144

Date

Daytime Phone #

CR2E037 (10/02)