

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90134 027 ****70.00

DOCUMENT # N41949

1. Entity Name

LIGHTHOUSE SEVENTH-DAY CHURCH, INC.



Principal Place of Business

**1901 MIAMI GARDENS DRIVE
MIAMI FL 34982
US**

Mailing Address

**12204 ROSARO AVE
NORTH PORT
FLORIDA, 34287**

2. Principal Place of Business

3. Mailing Address

12204 ROSARO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTH PORT, FL

Zip

Country

Zip

Country

34287

USA

4. FEI Number **65-0274585**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANCIS, ANTHON C.
4012 GREENWOOD DR
FT PIERCE FL 34982**

7. Name and Address of New Registered Agent

Name **ANTHON FRANCIS**

Street Address (P.O. Box Number is Not Acceptable)

12204 ROSARO AVE

City **NORTH PORT FL** Zip Code **34287**

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

Francis

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

TITLE **D** ☐ Delete
NAME **FRANCIS, ANTHON**
STREET ADDRESS **4012 GREENWOOD DR**
CITY-ST-ZIP **FT PIERCE FL**

TITLE **D** ☐ Delete
NAME **FRANCIS, NALDA**
STREET ADDRESS **4012 GREENWOOD DR**
CITY-ST-ZIP **FT PIERCE FL**

TITLE **D** ☐ Delete
NAME **FRANCIS, NADIA**
STREET ADDRESS **4012 GREENWOOD DR**
CITY-ST-ZIP **FT PIERCE FL**

TITLE **AT** ☐ Delete
NAME **MARTIN, LOUISE**
STREET ADDRESS **3121 SW 64TH AVE**
CITY-ST-ZIP **MIRAMAR FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 REQUIRED

CR2E037 (10/02)