

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90023 011 \*\*\*\*\*61.25

**DOCUMENT # N46584**

1. Entity Name

LIGHT HOUSE NEW TESTAMENT CHURCH OF GOD INC.



Principal Place of Business

1144 17 AVE NORTH  
LAKEWORTH FL 33460  
US

Mailing Address

1144 17 AVE NORTH  
LAKEWORTH FL 33460  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0304355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARKE, OSMOND  
1144 17 AVE NORTH  
LAKEWORTH FL 33460

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. 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**  
**Due By May 1, 2004**

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 CLARKE, OSMOND  
STREET ADDRESS 8885 AVOCADO BLVD  
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE D ☐ Delete  
NAME SANDERSON, ALTON  
STREET ADDRESS 1212 ROSEBUD LANE  
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE TD ☐ Delete  
NAME CLARKE, LURLENE  
STREET ADDRESS 8885 AVOCADO BLVD  
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE SD ☐ Delete  
NAME ELAINE MALCOLM  
STREET ADDRESS 1621 42ND ST  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ Delete  
NAME HUNTER, REGINALD  
STREET ADDRESS 1250-15TH AVE. N.  
CITY-ST-ZIP LAKE WORTH FL 33460

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

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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: *Elaine Malcolm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04

Date

Daytime Phone #