

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46584

FILED
May 14, 2008
Secretary of State

Entity Name: LIGHT HOUSE NEW TESTAMENT CHURCH OF GOD INC.

Current Principal Place of Business:

1144 17 AVE NORTH
LAKEWORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

1144 17 AVE NORTH
LAKEWORTH, FL 33460 US

New Mailing Address:

FEI Number: 65-0304355 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CLARKE, OSMOND
1144 17 AVE NORTH
LAKEWORTH, FL 33460 US

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: D () Delete
Name: CLARKE, OSMOND,
Address: 8885 AVOCADO BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33412

Title: D () Delete
Name: SANDERSON, ALTON,
Address: 1212 ROSEBUD LANE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: TD () Delete
Name: CLARKE, LURLENE,
Address: 8885 AVOCADO BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33412

Title: SD () Delete
Name: ELAINE MALCOLM,
Address: 1621 42ND ST
City-St-Zip: WEST PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
Address:
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: OSMOND CLARKE

D

05/14/2008

Electronic Signature of Signing Officer or Director

Date