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

DOCUMENT # N48998

1. Entity Name

LIGHTHOUSE CHURCH OF OUR LORD JESUS CHRIST OF THE APOSTOLIC FAITH, INC.



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90180 001 ****61.25

Principal Place	e of Business		Mailing Address								
6017 N 39 ST TAMPA FL 33610		6017 N 39TH ST TAMPA FL 33610									
US		_	- `_				61 611 61861 18118 18118 18181 18		II GEL GRAIK ALA	KI 84811 1886	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
Suite, Apt. #, etc.			Guite, Apr. II, etc.				CHECK HERE IF MAKING CHANGES				
City & State	е	Ci	City & State				4. FEI Number 59-3126353 Applied For Not Applicable				
Zip	Country	Zij	Zip Country			5. Certificat	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	d Agent			7. Name an	7. Name and Address of New Registered Agent						
	Name										
BOYER, GREGORY F			Street Address			ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
2522 LAKE ELLEN LANE TAMPA FL 33618						· · · · · · · · · · · · · · · · · · ·					
			City					FL	Zip Cod	Э	
O The shave	and a still a short this statement for	ar the num	one of changing its	rogistor	od office or rea	gistared agent, or h	oth in the State of Florid		miliar with	and accept	
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											
Signature, typed or printed name of registered agent and title it applicable. (NOTE: neglistered A									•		
FILE NOW: EEE IS \$64.25 9. Ele				Election Campaign Financing			Be Make	Check	Payable	to	
FILE NOW: FEE IS \$61.25			Trust Fund Contribution.			Added to Fee	\$5.00 May Be Added to Fees Florida Department of State				
10. OFFICERS AND DIRE)RS 11.			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	T		Delete TIT						☐ Change	Addition	
NAME	EWEN, ETTORE		NAME								
STREET ADDRESS CITY-ST-ZIP	19020 DOVE CREEK DRIVE TAMPA FL 33647				ET ADDRESS - ST-ZIP						
TITLE	T		☐ Delete TITLE			p* *			☐ Change	Addition	
NAME	EWEN, MARGARET NOELLA		□ Delete	NAM		•					
STREET ADDRESS	19020 DOVE CREEK DRIVE				ET ADDRESS					{	
CITY-ST-ZIP	TAMPA FL 33647-3064		p-1-19	_	-ST-ZIP						
TITLE - NAME	BROWN, DEBRA		Delete	T. STITLE	F	- La constanti de la constanti de la constan	9 "*		Change	- Addition	
STREET ADDRESS	9601 14TH ST				ET ADDRESS						
CITY-ST-ZIP	TAMPA FL			CITY	-ST-ZIP						
TITLE			☐ Delete	TITLI					Change	☐ Addition	
NAME STREET ADDRESS				NAM STRE	ET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE			☐ Delete	TITLI	E				☐ Change	Addition	
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					-	
TITLE			☐ Delete	TITLE					Change	Addition	
NAME			- Déleté	NAM	į.					_ {	
STREET ADDRESS				STRE	ET ADDRESS						

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:

Water Blowers

3-53-03