

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90004 027 ****66.25

DOCUMENT # N93000003362

1. Entity Name
LIGHTHOUSE HOLINESS CHURCH OF GOD INCORPORATED

Principal Place of Business 16354 S.W. 15 STREET PEMBROKE PINES FL 33027	Mailing Address 6337 S.W. 27 STREET MIRAMAR FL 33023
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LU009004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-9029116		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

**BARRETT, LETORA A REV
 18820 NW 8TH AVE
 MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name *Rev. Letora A. Barrett*
 Street Address (P.O. Box Number is Not Acceptable)
16354 S.W. 15 ST
Pembroke Pines
 City *Miramar* FL Zip Code *33027*

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.

SIGNATURE _____ (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
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARRETT, LETORA REV 16354 S.W. 15 STREET PEMBROKE PINES FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>✓ Same</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HESSING, LINVAL 6530 SW 8TH ST NORTH LAUDERDALE FL 33068	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>✓ Same</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENRY, M LANSLEY R 967 NE 145TH ST N MIAMI FL 33161	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>✓ Same</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rev. Letora A. Barrett* 1 3 2000 (950) 448-8730
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)