

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 14, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # N93000003362**

08-14-2002 90030 001 \*\*\*\*61.25  
 08-14-2002 90030 002 \*\*\*\*8.75

1. Entity Name

**LIGHTHOUSE HOLINESS CHURCH OF GOD INCORPORATED**

**98313**

Principal Place of Business 6337 SW 27TH STREET HOLLYWOOD FL 33023	Mailing Address 6337 S.W. 27 STREET MIRAMAR FL 33023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6337 SW 27 street Suite, Apt. #, etc. church. City & State Miramar	3. Mailing Address 16354 SW 15 street Suite, Apt. #, etc. Home City & State pembroke pine Florida
Zip 33023 Country Broward	Zip 33027 Country Broward

4. FEI Number 65-9029116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARRETT, LETORA A REV 16356 SW 15 ST PEMBROKE PINES FL 33027	7. Name and Address of New Registered Agent Name None Street Address (P.O. Box Number is Not Acceptable) Same as above City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

After September 13, 2002; min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BARRETT, LETORA REV STREET ADDRESS 16354 S.W. 15 STREET CITY-ST-ZIP PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition None
TITLE D NAME HESSING, LINVAL STREET ADDRESS 6530 SW 8TH ST CITY-ST-ZIP NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition None
TITLE D NAME HENRY, M LANSLEY R STREET ADDRESS 987 NE 145TH ST CITY-ST-ZIP N MIAMI FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition None
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)(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: *LETORA A. BARRETT* SIGNATURA: *LETORA A. BARRETT*  
 Date: 7 24 02 Daytime Phone #

CR2E037 (4/02)