

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

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90012 009 \*\*\*\*75.00

**DOCUMENT # N93000003362**  
 1. Entity Name *Letora A Barrett*  
**LIGHTHOUSE HOLINESS CHURCH OF GOD INCORPORATED**



Principal Place of Business: **6337 SW 27TH STREET CHURCH MIRAMAR FL 33023**  
 Mailing Address: **16354 SW 15 STREET HOME PEMBROKE PINE FL 33027**



MOORE CR2E037 (4/04)

2. Principal Place of Business: *Same as above*  
 Suite, Apt. #, etc.:  
 3. Mailing Address: *Same as above*  
 Suite, Apt. #, etc.:

City & State: *Same*  
 City & State: *Same*  
 Zip: *Same* Country: *Same*  
 Zip: *Same* Country: *Same*

4. FEI Number: **65-9029116**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$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: *Same* State: **FL** Zip Code: *None*

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: *Letora A Barrett* DATE: *8/17/04*

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 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: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>BARRETT, LETORA REV</b>	
STREET ADDRESS: <b>16354 S.W. 15 STREET</b>	
CITY-ST-ZIP: <b>PEMBROKE PINES FL 33027</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>HESSING, LINVAL</b>	
STREET ADDRESS: <b>6530 SW 8TH ST</b>	
CITY-ST-ZIP: <b>NORTH LAUDERDALE FL 33068</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>HENRY, M LANSLEY R</b>	
STREET ADDRESS: <b>967 NE 145TH ST</b>	
CITY-ST-ZIP: <b>N MIAMI FL 33161</b>	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	<i>None</i>
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	<i>None</i>
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	<i>None</i>
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	<i>None</i>
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: *Letora A Barrett* DATE: *8/17/04*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR