


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90031 031 \*\*\*\*79.90

**DOCUMENT # N93000003362**  
1. Entity Name  
**LIGHTHOUSE HOLINESS REHOBOTH SEVENTH DAY  
SABBATH CHURCH, INC.**



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

00000020



2. Principal Place of Business *Church* 3. Mailing Address *16354 S.W. 15 St.*  
Suite, Apt. #, etc. *Church* Suite, Apt. #, etc. *Pembroke pines*  
City & State *Miramar Florida* City & State  
Zip *33023* Country *Boward* Zip *33027* Country *Boward*

4. FEI Number **65-90291-16** 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**  
*wrong* 16356 SW 15 ST  
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent  
Name *Letora A. Barrett*  
Street Address (P.O. Box Number is Not Acceptable) *16354 S.W. 15 St pembroke pines*  
*Pembroke pines Florida*  
City *FL.* State **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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE *Letora A. Barrett* DATE *9/2/05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By September 7, 2005**

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	D	BARRETT, LETORA REV	<input type="checkbox"/> Delete
NAME		16354 S.W. 15 STREET	
STREET ADDRESS		PEMBROKE PINES FL 33027	
CITY-ST-ZIP		D	
TITLE		HESSING, LINVAL	<input type="checkbox"/> Delete
NAME		6530 SW 8TH ST	
STREET ADDRESS		NORTH LAUDERDALE FL 33068	
CITY-ST-ZIP		D	
TITLE		HENRY, M'LANSLEY R	<input type="checkbox"/> Delete
NAME		967 NE 145TH ST	
STREET ADDRESS		N MIAMI FL 33161	
CITY-ST-ZIP			
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			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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*