


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000003362

1. Entity Name
 LIGHTHOUSE HOLINESS REHOBOTH SEVENTH DAY
 SABBATH CHURCH, INC.



Principal Place of Business C/O REV. LETORA A. BARRETT 16354 SOUTHWEST 15 STREET PEMBROKE PINES, FL 33027 US	Mailing Address C/O REV. LETORA A. BARRETT 16354 SOUTHWEST 15 STREET PEMBROKE PINES, FL 33027 US
---	---

DO NOT WRITE IN THIS SPACE



08052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-9029116	Applied For 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
 16354 SOUTHWEST 15 STREET
 PEMBROKE PINES, FL 33027

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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	D HESSING, LINVAL 6530 SW 8TH ST NORTH LAUDERDALE, FL 33068
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000959103
 09/05/08-80002-008 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #