CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 25 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003618 (5)

1. Corporation Name
GOSPEL LIGHTHOUSE, INC.

Principal Place of Business	Mailing Address
40735 O'STEEN LANE DADE CITY FL	40735 O'STEEN LANE DADE CITY FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1994
3a. Date of Last Report:
4. FEI Number: 65-0544382 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALLER, CHARLES D 39727 LIVE OAK DADE CITY FL 33525	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/V ☑ Change ☐ Addition
NAME	PHILLIPS, DWAYNE T	12 NAME	RUBY COUNCIL
STREET ADDRESS	40736 OSTEEN LANE	13 STREET ADDRESS	39251 SPARKMAN ROAD
CITY-ST-ZIP	DADE CITY FL 33525	14 CITY-ST-ZIP	DADE CITY, FLA 33525
TITLE	D	21 TITLE	D/S ☑ Change ☐ Addition
NAME	COLE, ANDREW M SR	22 NAME	EDNA O'STEEN
STREET ADDRESS	7060 RAMA AVENUE	23 STREET ADDRESS	40735 OSTEEN LANE
CITY-ST-ZIP	LECANTO FL 33461	24 CITY-ST-ZIP	DADE CITY, FLA 33525
TITLE	D	31 TITLE	D/P ☑ Change ☐ Addition
NAME	COLE, JANICE M	32 NAME	ERNIE O'STEEN
STREET ADDRESS	7060 RAMA AVENUE	33 STREET ADDRESS	40735 OSTEEN LANE
CITY-ST-ZIP	LECANTO FL 33461	34 CITY-ST-ZIP	DADE CITY, FLA 33525
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	O'STEEN, ERNIE	42 NAME	800001464708
STREET ADDRESS	40735 O'STEEN LANE	43 STREET ADDRESS	-04/26/95--01019--004
CITY-ST-ZIP	DADE CITY FL 33525	44 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, ANN	52 NAME	
STREET ADDRESS	40735 O'STEEN LANE	53 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ernie O'Steen ERNIE OSTEEN 4-12-95 (904) 567-7350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082171