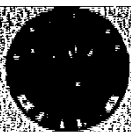


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Division B, Corporations
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
**40735 O'STEEN LANE
DADE CITY FL**

Mailing Address
**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
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**WALLER, CHARLES D
39727 LIVE OAK
DADE CITY FL 33525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHILLIPS, DWAYNE T
STREET ADDRESS	40738 OSTEEN LANE
CITY - ST - ZIP	DADE CITY FL 33525
TITLE	D
NAME	COLE, ANDREW M SR
STREET ADDRESS	7060 RAMA AVENUE
CITY - ST - ZIP	LECANTO FL 33461
TITLE	D
NAME	COLE, JANICE M
STREET ADDRESS	7060 RAMA AVENUE
CITY - ST - ZIP	LECANTO FL 33461
TITLE	P
NAME	O'STEEN, ERNIE
STREET ADDRESS	40735 O'STEEN LANE
CITY - ST - ZIP	DADE CITY FL 33525
TITLE	S
NAME	PHILLIPS, ANN
STREET ADDRESS	40735 O'STEEN LANE
CITY - ST - ZIP	DADE CITY FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V	☒ Change ☐ Addition
1.2 NAME	RUBY COUNCIL	
1.3 STREET ADDRESS	39251 SPARKMAN ROAD	
1.4 CITY - ST - ZIP	DADE CITY, FLA 33525	
2.1 TITLE	D/S	☒ Change ☐ Addition
2.2 NAME	EDNA O'STEEN	
2.3 STREET ADDRESS	40735 OSTEEN LANE	
2.4 CITY - ST - ZIP	DADE CITY, FLA 33525	
3.1 TITLE	D/P	☒ Change ☐ Addition
3.2 NAME	ERNIE O'STEEN	
3.3 STREET ADDRESS	40735 OSTEEN LANE	
3.4 CITY - ST - ZIP	DADE CITY, FLA 33525	
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(k), 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 017, 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 #