

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 5-2-96 4561-8

DOCUMENT # **N94000005192 (9)**

1. Corporation Name
LIGHTHOUSE INTERNATIONAL FELLOWSHIP, INC.



Principal Place of Business Mailing Address
**1 NORTH PRESCOT STREET
EUSTIS FL 32727
US** **P.O. BOX 1480
EUSTIS FL 32727
US**

3. Date Incorporated or Qualified **10/20/1994** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3277934	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPIRES, REGINALD W 35429 MARGUERITE AVE FRUITLAND PARK FL 34731				81	Name	DAVID W. MARTIN	
				82	Street Address (P.O. Box Number is Not Acceptable)	2681 E. WASHINGTON #16	
				83	City	EUSTIS FL	
				84	Zip Code	32726	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *DAVID MARTIN* **DAVID MARTIN** 5/12/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SPIRES, REGINALD W	1.2 NAME	DAVID W. MARTIN
STREET ADDRESS	35429 MARGUERITE AVE	1.3 STREET ADDRESS	2681 E. WASHINGTON #16
CITY-ST-ZIP	FRUITLAND PARK FL 34731	1.4 CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	VD	2.1 TITLE	VD
NAME	BROWN, CLINT	2.2 NAME	DANIEL WHITE
STREET ADDRESS	4365 KENNEDY ROAD	2.3 STREET ADDRESS	21251 FROMAGE WAY
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	STD	3.1 TITLE	STD
NAME	COMBS, RONALD	3.2 NAME	DAVID W MARTIN SR.
STREET ADDRESS	1504 CYPRESS WOODS CIRCLE	3.3 STREET ADDRESS	2013 GEMINI DR.
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	BASTROP, LA 71220
TITLE	D	4.1 TITLE	
NAME	MARTIN, DAVID W	4.2 NAME	
STREET ADDRESS	34425 BLACK BASS CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *DAVID MARTIN* **DAVID MARTIN** 5/12/96 (352)357-9673
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)