FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005213 (3)

1. Corporation Name
LIGHTHOUSE CHRISTIAN FELLOWSHIP, INCORPORATED

DO NOT WRITE IN THIS SPACE **REMITTED BY MAY 1**

Principal Place of Business	Mailing Address
RT. 2 BOX 123-K QUINCY FL 32351	RT. 2 BOX 123-K QUINCY FL 32351

3. Date Incorporated: 10/18/1994 — Year of Last Report Filed: — Date of Last Report:

4. FEI Number: 59-3281196 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 1209 W. Crawford Street	26 P.O. Box 1618		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 City & State: Quincy, Florida	28 City & State: Quincy, Florida	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
24 Zip: 32351 — 25 Country: U.S.	29 Zip: 32353-1618 — 30 Country: U.S.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

CARROLL, KENT
RT. 2 BOX 123-K
QUINCY FL 32351

10. Name and Address of New Registered Agent

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	P	1.1 TITLE	T/S/D	☐ Change ☑ Addition
NAME	CAROLL, KENT	1.2 NAME	Samantha C. Lightfoot	
STREET ADDRESS	RT. 2 BOX 123-K	1.3 STREET ADDRESS	P.O. Box 1151 N/A	
CITY-ST-ZIP	QUINCY FL 32351	1.4 CITY-ST-ZIP	Quincy, FL 32353-1151	
TITLE	V	2.1 TITLE	Tr	☐ Change ☑ Addition
NAME	CAROLL, VIVIAN	2.2 NAME	Kenneth Lightfoot	
STREET ADDRESS	RT. 2 BOX 123-K	2.3 STREET ADDRESS	P.O. Box 1151 N/A	
CITY-ST-ZIP	QUINCY FL 32351	2.4 CITY-ST-ZIP	Quincy, FL 32353-1151	
TITLE		3.1 TITLE	P/D	☑ Change ☐ Addition
NAME		3.2 NAME	Kent Carroll	
STREET ADDRESS		3.3 STREET ADDRESS	Rt 2, Box 123K	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Quincy, FL 32351	
TITLE		4.1 TITLE	V/D	☑ Change ☐ Addition
NAME		4.2 NAME	Vivian Carroll	
STREET ADDRESS		4.3 STREET ADDRESS	Rt 2, Box 123K	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Quincy, FL 32351	
TITLE		5.1 TITLE		☐ Change ☐ Add
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	$ 8/6/24	☐ Change ☐
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)(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: Kent Carroll — Kent Carroll — 4/24/95 — 904-627-3420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002404