

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005213 (3)

1. Corporation Name

LIGHTHOUSE CHRISTIAN FELLOWSHIP, INCORPORATED



Principal Place of Business

Mailing Address

1209 W CRAWFORD STREET
QUINCY FL 32351
US

P.O. BOX 1618
QUINCY FL 32353-1618
US

3. Date Incorporated or Qualified

10/18/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Rt 2, Box 123-K

26

4. FEI Number

59-3281196

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 32351

25 U.S.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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 TSD ☐ DELETE
NAME LIGHTFOOT, SAMANTHA C
STREET ADDRESS P.O. BX 1151 N/A
CITY-ST-ZIP QUINCY FL 32353-1151

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME LIGHTFOOT, KENNETH
STREET ADDRESS P.O. BOX 1151 N/A
CITY-ST-ZIP QUINCY FL 32353-1151

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME V.D. Lightfoot, Kenneth
2.3 STREET ADDRESS P.O. Box 1151 N/A
2.4 CITY-ST-ZIP Quincy, FL 32353-1151

TITLE PD ☐ DELETE
NAME CARROLL, KENT
STREET ADDRESS RT 2 BOX 123K
CITY-ST-ZIP QUINCY IL 32351

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME CARROLL, VIVIAN
STREET ADDRESS RT 2 BOX 123K
CITY-ST-ZIP QUINCY IL 32351

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

Samantha C. Lightfoot / Samantha C. Lightfoot

4/25/96

(904) 875-2859

CR2E037 (12/95)