

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

04-25-2008 90118 045 ****61.25

DOCUMENT # N95000004319 1. Entity Name GOSPEL LIGHTHOUSE TABERNACLE, INC. OF OCALA																																						
Principal Place of Business 9309 MARICAMP RD 728 NW 5th ST OCALA FL 34471 US				Mailing Address P O BOX 830073 OCALA FL 34483 US																																		
2. Principal Place of Business - No P.O. Box * Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																				
City & State		City & State																																				
Zip	Country	Zip	Country																																			
4. FEI Number 59-3336647				Applied For ☐ Not Applicable																																		
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																		
6. Name and Address of Current Registered Agent DOWNIE, CORA M 5675 S.E. 35TH ST. OCALA FL 34471 34480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent (and title, if applicable). (NOTE: Registered Agent signature is required when constituting)																																						
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																		
Make Check Payable to: Florida Department of State																																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> PASTOR DOWNIE, CORA M 9309 MARICAMP RD. OCALA FL 34471 </td> <td style="width: 10%; text-align: right;"> ☐ Delete </td> </tr> <tr> <td>TITLE</td> <td> S MORRIS, BARBARA 9309 MARICAMP RD. OCALA FL 34471 </td> <td style="text-align: right;"> ☒ Delete </td> </tr> <tr> <td>TITLE</td> <td> SEAGANT SEAGANT, QUARTUS H 9309 MARICAMP RD. OCALA FL 34471 </td> <td style="text-align: right;"> ☐ Delete </td> </tr> <tr> <td>TITLE</td> <td> Treasurer Joan Edwards 1852 NE 39th ST Ocala FL 34479 </td> <td style="text-align: right;"> ☐ Delete </td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"> ☐ Delete </td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"> ☐ Delete </td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 10%; text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE</td> <td> NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE</td> <td> NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE</td> <td> NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE</td> <td> NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> </table>						TITLE	PASTOR DOWNIE, CORA M 9309 MARICAMP RD. OCALA FL 34471	☐ Delete	TITLE	S MORRIS, BARBARA 9309 MARICAMP RD. OCALA FL 34471	☒ Delete	TITLE	SEAGANT SEAGANT, QUARTUS H 9309 MARICAMP RD. OCALA FL 34471	☐ Delete	TITLE	Treasurer Joan Edwards 1852 NE 39th ST Ocala FL 34479	☐ Delete	TITLE		☐ Delete	TITLE		☐ Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																						
SIGNATURE: <u>Cora M Downie</u> CORA M Downie 4.6.08 352-624-3256 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																						

ATTACHMENT

66012271
N95000004319

FI Dept of State

Please see officers titles listed below

CORA M Downie - Pastor/President

Quartus R Sergeant - Treasurer

Joan Edwards - Secretary

Thanks so much.

Yours,

Cora M Downie