

# 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 # N95000004867 (6)

1. Corporation Name

THE LIGHT HOUSE CHURCH FOR JESUS CHRIST, INC.



Principal Place of Business

2 SE 2ND AVE.  
HAWTHORNE FL

Mailing Address

2 SE 2ND AVE.  
HAWTHORNE FL

3. Date Incorporated or Qualified

10/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KELLY, MILDRED V  
2 SE 2ND AVE.  
HAWTHORNE FL

10. Name and Address of New Registered Agent

81 Name

Kelly, Mildred V

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

2 SE 2ND AVE.

83

84 City

Hawthorne

FL

85

Zip Code

32640

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: *Mildred V. Kelly*

1-19-96

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

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME KELLY, MILDRED V  
STREET ADDRESS 2 SE 2ND AVE.  
CITY-ST-ZIP HAWTHORNE FL

TITLE DV  
NAME KELLY, JAMES D  
STREET ADDRESS 540 NE 25 ST.  
CITY-ST-ZIP GAINESVILLE FL

TITLE DS  
NAME CRUEY, GAYLE R  
STREET ADDRESS P.O. BOX 1057  
CITY-ST-ZIP HAWTHORNE FL

TITLE *Trustee*  
NAME *Bernard Carter*  
STREET ADDRESS *Board on Highway T.*  
CITY-ST-ZIP *Box 348 - Waldo St.*  
*32694*

TITLE *T*  
NAME *Bobbie Fowler*  
STREET ADDRESS *202 N. W. 2nd St.*  
CITY-ST-ZIP *Hawthorne Fl. 32640*

TITLE *T*  
NAME *Yakel Strain*  
STREET ADDRESS *Box 159 - B*  
CITY-ST-ZIP *Hawthorne Fl. 32640*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *PRESIDENT/TREAS*  
1.2 NAME *Kelly, Mildred V*  
1.3 STREET ADDRESS *2 SE 2ND AVE.*  
1.4 CITY-ST-ZIP *Hawthorne, FL 32640*

2.1 TITLE *VICE PRES*  
2.2 NAME *Kelly, James D.*  
2.3 STREET ADDRESS *540 NE 25th Street*  
2.4 CITY-ST-ZIP *Gainesville, FL 32641*

3.1 TITLE *SEC*  
3.2 NAME *CRUEY, Gayle R*  
3.3 STREET ADDRESS *P.O. Box 1057*  
3.4 CITY-ST-ZIP *Hawthorne, FL 32640*

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

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

6.1 TITLE  
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:

*Mildred V. Kelly*

1-19-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)