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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004867 (6)**

1. Corporation Name

**THE LIGHT HOUSE CHURCH FOR JESUS CHRIST, INC.**

Principal Place of Business

Mailing Address

2 SE 2ND AVE.  
HAWTHORNE FL

2 SE 2ND AVE.  
HAWTHORNE FL 32640-3950

3. Date Incorporated or Qualified  
**10/11/1995**

3a. Date of Last Report  
**03/13/1996**

2. Principal Place of Business

21 **The Light House Church Inc**

22 **2 S East 2nd Avenue**

23 **Hawthorne FL**

24 **32640**

25 **US**

2a. Mailing Address

26 **2 S East 2nd Avenue**

27 **FL**

28 **Hawthorne FL**

29 **32640**

30 **US**

4. FEI Number

**59-6001874**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

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

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **T**  
STREET ADDRESS **CARTER, BERNARD**  
CITY-ST-ZIP **BOARD MEMBINOR T, BOX 368**  
**WALDO FL 32640 WALDO FL**

TITLE ☐ DELETE

NAME **T**  
STREET ADDRESS **FOWLER, BOBBIE**  
CITY-ST-ZIP **202 N.W. 2ND ST**  
**HAWTHORNE FL 32640**

TITLE ☐ DELETE

NAME **T**  
STREET ADDRESS **STRAIEN, MABEL**  
CITY-ST-ZIP **BOX 159-B**  
**HAWTHORNE FL 32640**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **Mildred V. Kelly President**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

SIGNATURE REQUIRED **Mildred V. Kelly**

Date

**481-2627**  
Daytime Phone #0011579

CR2E037 (9/96)