

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Horne 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
THE LEGHOUSE CHURCH INC 2 SE 2 AVE HAWTHORNE FL 32640 US	2 SE 2ND AVE. HAWTHORNE FL 32640 US

3. Date Incorporated or Qualified

10/11/1995

4. FEI Number

59-6001874

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 The Light House Church 22 Suite, Apt. #, etc. 23 Hawthorne FL 24 City & State 25 2 SE 2nd Ave. 26 Zip 27 32640 28 Country 29 Alachua	2a. 2 SE 2nd Ave. 26 Suite, Apt. #, etc. 27 Hawthorne FL 28 City & State 29 32640 30 Country Alachua

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	P <input type="checkbox"/> DELETE
NAME	KELLY, MILDRED V
STREET ADDRESS	2 SE 2ND AVE.
CITY-ST-ZIP	HAWTHORNE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	KELLY, JAMES D
STREET ADDRESS	540 NE 25 ST.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	CRUEY, GAYLE R
STREET ADDRESS	P.O. BOX 1057
CITY-ST-ZIP	HAWTHORNE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	CARTER, BERNARD
STREET ADDRESS	BOARD MEMBINOR T, BOX 368
CITY-ST-ZIP	WALDO FL
TITLE	T <input type="checkbox"/> DELETE
NAME	FOWLER, BOBBIE
STREET ADDRESS	202 N.W. 2ND ST
CITY-ST-ZIP	HAWTHORNE FL 32640
TITLE	T <input type="checkbox"/> DELETE
NAME	STRAIEN, MABEL
STREET ADDRESS	BOX 159-B
CITY-ST-ZIP	HAWTHORNE FL 32640

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **Mildred V. Kelly, President Feb. 23. 98 481-2627**

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