

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**  
 03-24-2000 90103 049 \*\*\*\*61.25

**DOCUMENT # N95000004867**

1. Entity Name  
**THE LIGHT HOUSE CHURCH FOR JESUS CHRIST, INC.**

Principal Place of Business      Mailing Address

**THE LIGHTHOUSE CHURCH**      **2 SE 2ND AVE.**  
**2 SE 2ND AVE**      **HAWTHORNE FL 32640-3950**  
**HAWTHORNE FL 32640**      **US**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

*The Light House Ch.*      Suite, Apt. #, etc.

*2 SE 2nd Ave*      Suite, Apt. #, etc.

City & State      City & State

*Hawthorne FL*      City & State

Zip      Country      Zip      Country

*32640*      *Florida*      *32640*      Country

4. FEI Number      Applied For

**59-6001874**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

☐      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE *Mildred V Kelly*      DATE *Mar 21-2000*

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

FILE NOW: FEE IS \$61.25      9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees      Make Check Payable to Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: **SIGNATURE REQUIRED** *MILDRED V. KELLY*      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)