

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004867

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

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91338 010 ****61.25

Principal Place of Business

Mailing Address

22115 SE 71 Ave.
Hawthorne, FL 32640

22115 SE 71 Ave.
Hawthorne, FL 32640

2. Principal Place of Business

22115 SE 71 Ave.

3. Mailing Address

22115 SE 71 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hawthorne, FL

City & State

Hawthorne, FL

4. FEI Number

59-6001874

Applied For

Not Applicable

Zip

32640

Country

Alachua

Zip

FL

Country

Alachua

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILDRED V. KELLY
22115 SE 71 Ave.
Hawthorne, FL 32640

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|----------------------------|------------------------|---------------------------------|
| T | YOUNG, ROBERT F. | 5141 Glen Alan Ct. N. | Jacksonville, FL 32210 | <input type="checkbox"/> |
| T | YOUNG, SANDRA | 5141 Glen Alan Ct. N. | Jacksonville, FL 32210 | <input type="checkbox"/> |
| VP | KELLY, JAMES D. | 540 NE 25 St. | Gainesville, FL | <input type="checkbox"/> |
| S | CRUEY, GAYLE R. | P O BOX 1057 N/A | Hawthorne, FL 32640 | <input type="checkbox"/> |
| T | CARTER, BERNARD | P O BOX 368 MEMBINOR T N/A | Waldo, FL 32694 | <input type="checkbox"/> |
| P | KELLY, MILDRED V. | 2 SE 2nd Ave. | Hawthorne, FL 32640 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|--|
| | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

CR2E037 (11/00)

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: *Mildred V. Kelly* **Mildred V. Kelly**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

352-481-2627

Daytime Phone #