

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90022 046 ****61.25

DOCUMENT # N95000004867

1. Entity Name

THE LIGHT HOUSE CHURCH FOR JESUS CHRIST, INC.



Principal Place of Business

**22115 SE 71 AVE.
HAWTHORNE FL 32640
US**

Mailing Address

**22115 SE 71 AVE.
HAWTHORNE FL 32640
US**

2. Principal Place of Business

3. Mailing Address

Mildred V. Kelly
Suite, Apt. #, etc.
22115 SE 71 AVE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32640 *Alachua*



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6001874**

Applied For

Not Applicable

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

**KELLY, MILDRED V
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **KELLY, MILDRED V**
STREET ADDRESS **2 SE 2ND AVE.**
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **KELLY, JAMES D**
STREET ADDRESS **540 NE 25 ST.**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CRUEY, GAYLE R**
STREET ADDRESS **P O BOX 1057 N/A**
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CARTER, BERNARD**
STREET ADDRESS **P O BOX 368 BOARD MEMBINOR T N/A**
CITY-ST-ZIP **WALDO FL 32694**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **YOUNG, ROBERT F**
STREET ADDRESS **5141 GLEN ALAN CT. N.**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **YOUNG, SANDRA**
STREET ADDRESS **5141 GLEN ALAN CT. N.**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 President Feb 16-2003.

SIGNATURE AND TYPED OR PRINTED NAME OF AGENT

CR2E037 (10/02)