

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 4-8-96

B-3229

C

DOCUMENT # N95000004900 (5)

1. Corporation Name

LIGHTHOUSE HOLINESS CHURCH, INC.



Principal Place of Business

Mailing Address

848 LIGHTHOUSE ROAD
BAKER FL 32536

POST OFFICE BOX 1412
CRESTVIEW FL 32536

3. Date Incorporated or Qualified
10/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 848 Lighthouse Road

26 2644 Cricket Lane

4. FEI Number
59-3305-666

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Baker, Florida

28 Crestview, Florida

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32536

25 America

29 32536

30 U.S. America

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODWARD, KATHLEEN G
848 LIGHTHOUSE ROAD
BAKER FL 32536

Resigned

81 Name Rhoads, Darby

82 Street Address (P.O. Box Number is Not Acceptable)

2644 Lake Silver Road

83

84 City Crestview

FL

85 Zip Code 32536

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

Darby Rhoads
Signature, typed or printed name of registered agent and title if applicable

Pastor Ruth A. Rhoads
(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RHOADS, DARBY	
STREET ADDRESS	2644 CRICKETT LANE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANT, MACY	
STREET ADDRESS	2796 LAKE SILVER ROAD	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WOODWARD, KATHLEEN G	
STREET ADDRESS	4635 WILKERSON BLUFF ROAD	
CITY-ST-ZIP	HOLT FL 32565	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWEENEY, JEAN	
STREET ADDRESS	1048 MARTIN LUTHER KING AVENUE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sweeney, Jean
3.3 STREET ADDRESS	1048 Martin Luther King Avenue
3.4 CITY-ST-ZIP	Crestview, Fl. 32536
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rhoads, Karen
4.3 STREET ADDRESS	792 Amos Street
4.4 CITY-ST-ZIP	Crestview, Fl. 32539
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Darby Rhoads
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 (904) 689-1887
Date Daytime Phone #

CR2E037 (12/95)