


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004900 (5)**  
1. Corporation Name  
**LIGHTHOUSE HOLINESS CHURCH, INC.**



Principal Place of Business <b>848 LIGHTHOUSE RD BAKER FL 32536 US</b>	Mailing Address <b>2644 CRICKET LN CRESTVIEW FL 32536-9357 US</b>
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3. Date Incorporated or Qualified <b>10/16/1995</b>	3a. Date of Last Report <b>04/08/1996</b>
4. FEI Number <b>59-3305666</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**RHOADS, DARBY  
2644 LAKE SILVER RD  
CRESTVIEW FL 32536**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RHOADS, DARBY</b>	
STREET ADDRESS	<b>2644 CRICKETT LANE</b>	
CITY - ST - ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRANT, MACY</b>	
STREET ADDRESS	<b>2796 LAKE SILVER ROAD</b>	
CITY - ST - ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>SWEENEY, JEAN</b>	
STREET ADDRESS	<b>1048 MARTIN LUTHER KING AVE</b>	
CITY - ST - ZIP	<b>CRESTVIEW FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RHOADS, KAREN</b>	
STREET ADDRESS	<b>792 AMOS ST</b>	
CITY - ST - ZIP	<b>CRESTVIEW FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**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 do 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: *Darby Rhoads* **DARBY RHOADS** #27-97 -904-689-1887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073513

CR2E037 (9/96)