


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004900 (5)
1. Corporation Name
LIGHTHOUSE HOLINESS CHURCH, INC.



Principal Place of Business 948 LIGHTHOUSE RD BAKER FL 32536 US	Mailing Address 2644 CRICKET LN CRESTVIEW FL 32536 US
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3. Date Incorporated or Qualified
10/16/1995

4. FEI Number
59-3305666

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2644 CRICKET LANE
83	
84 City	FL
85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHOADS, DARBY	1.2 NAME	
STREET ADDRESS	2644 CRICKETT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, MACY	2.2 NAME	
STREET ADDRESS	2796 LAKE SILVER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, JEAN	3.2 NAME	
STREET ADDRESS	1048 MARTIN LUTHER KING AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHOADS, KAREN	4.2 NAME	
STREET ADDRESS	792 AMOS ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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** **4-10-98** **850-689-1887**

CR2E037 (10/97)