


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004900
 1. Entity Name
LIGHTHOUSE HOLINESS CHURCH, INC.



Principal Place of Business Mailing Address
848 LIGHTHOUSE RD BAKER FL 32536 US **2644 CRICKET LN CRESTVIEW FL 32536 US**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3305666** Applied For Not Applied For
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RHOADS, DARBY
2644 CRICKET LANE
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent
 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
Due By May 1, 2006

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

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	ANDREWS, BILLY R	
STREET ADDRESS	53 ROBERTS RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RHOADS, RUTH A	
STREET ADDRESS	2644 CRICKET LN	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHOADS, KAREN	
STREET ADDRESS	6224 HWY 189	
CITY-ST-ZIP	BAKER FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLEY, WILLIAM M	
STREET ADDRESS	615 LEE ST	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

000000412760
 02/10/06-80060-012 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 _____ DATE _____