

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 003 ****70.00



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

Principal Place of Business Mailing Address
 4665 HAY BARN RD. 4665 HAY BARN RD.
 HOLT FL 32564 HOLT FL 32564
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
 848 Lighthouse Church Rd

City & State City & State
 Holt FL

Zip Country Zip Country
 32564 US

1st MOORE CR2E037 (10/06)
 4. FEI Number 59-3305666 Applied For Not Applicable

6. Name and Address of Current Registered Agent

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

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)
 4665 Hay Barn Rd.
 City Holt FL Zip Code 32564

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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4665 Hay Barn Rd	
CITY, ST, ZIP	Holt FL 32564	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4665 Hay Barn Rd.	
CITY, ST, ZIP	Holt FL 32564	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty L. Andrews	
STREET ADDRESS	53 Roberts Rd	
CITY, ST, ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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: Ruth A Rhoads Ruth A. Rhoads 4-13-07 850-537-8636