


**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90015 029 ****70.00

DOCUMENT # N95000004900					
1. Entity Name LIGHTHOUSE HOLINESS CHURCH, INC.					
Principal Place of Business 848 LIGHTHOUSE CHURCH RD BAKER, FL 32536 US			Mailing Address 4665 HAY BARN RD. HOLT, FL 32564 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RHOADS, DARBY 4665 HAY BARN RD HOLT, FL 32564				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RHOADS, DARBY		NAME		
STREET ADDRESS	4665 HAY BARN RD		STREET ADDRESS		
CITY-ST-ZIP	HOLT, FL 32564		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREWS, BILLY R		NAME		
STREET ADDRESS	53 ROBERTS RD		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RHOADS, RUTH A		NAME		
STREET ADDRESS	4665 HAY BARN RD		STREET ADDRESS		
CITY-ST-ZIP	HOLT, FL 32564		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RHOADS, KAREN		NAME		
STREET ADDRESS	6224 HWY 189		STREET ADDRESS		
CITY-ST-ZIP	BAKER, FL 32541		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ANDREWS, BETTY L		NAME	D LeMaster, Johnnie	
STREET ADDRESS	53 ROBERT RD		STREET ADDRESS	2550 Pope Master Rd.	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	MILTON, FL 32570	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Darby Rhoads</u>		Darby Rhoads		3-31-08 850-537-8636	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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12042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3305666 Applied For Not Applicable

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