

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004900

FILED
Jan 26, 2009
Secretary of State

Entity Name: LIGHTHOUSE HOLINESS CHURCH, INC.

Current Principal Place of Business:

848 LIGHTHOUSE CHURCH RD
BAKER, FL 32536 US

New Principal Place of Business:

848 LIGHTHOUSE CHURCH RD
BAKER, FL 32531 US

Current Mailing Address:

4665 HAY BARN RD.
HOLT, FL 32564 US

New Mailing Address:

FEI Number: 59-3305666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RHOADS, DARBY
4665 HAY BARN RD
HOLT, FL 32564 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RHOADS, DARBY
Address: 4665 HAY BARN RD
City-St-Zip: HOLT, FL 32564

Title: D () Delete
Name: ANDREWS, BILLY R
Address: 53 ROBERTS RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: STD () Delete
Name: RHOADS, RUTH A
Address: 4665 HAY BARN RD
City-St-Zip: HOLT, FL 32564

Title: D () Delete
Name: RHOADS, KAREN
Address: 6224 HWY 189
City-St-Zip: BAKER, FL 32541

Title: D () Delete
Name: ANDREWS, BETTY L
Address: 2550 POPE MASTER RD
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RHOADS, KAREN
Address: 6224 HWY 189
City-St-Zip: BAKER, FL 32531

Title: D (X) Change () Addition
Name: LEMASTER, JOHNNIE
Address: 2550 POPE MASTER RD
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARBY RHOADS

PD

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date