

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005384

1. Entity Name

GOSPEL LIGHTHOUSE CHURCH OF JESUS CHRIST, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90097 049 ****61.25

Principal Place of Business

Mailing Address

916 GEORGIA AVE
CLEWISTON FL 33440

P.O. BOX 354
CLEWISTON FL 33440-0354

2. Principal Place of Business

916 Georgia Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 354
Suite, Apt. #, etc.

City & State

Clewiston, FL

City & State

Clewiston, FL

Zip 33440

Country Henry County

Zip 33440

Country Henry

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAMMEL, VERSIE P
817 FLORIDA AVE
CLEWISTON FL 33440

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SMITH, ARTHUR
STREET ADDRESS HARLEM GARDENS
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D ☐ Delete
NAME TRAMMEL, HENDERSON
STREET ADDRESS 817 FLORIDA AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D ☐ Delete
NAME TRAMMEL, VERSIE
STREET ADDRESS 817 FLORIDA AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Versie P Trammel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-218-2000, 863 9023524

CR2E037 (9/99)