

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2005 8:00 am
Secretary of State

04-22-2005 90308 048 ****70.00

DOCUMENT # N95000005384

1. Entity Name

GOSPEL LIGHTHOUSE CHURCH OF JESUS CHRIST, INC.



Principal Place of Business

**916 GEORGIA AVE
CLEWISTON FL 33440**

Mailing Address

**P.O. BOX 354
CLEWISTON FL 33440**

2. Principal Place of Business

916 Georgia Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. B 354

Suite, Apt. #, etc.

City & State

Clewiston FL

City & State

Clewiston FL

Zip

33440

Country

Hendry

Zip

33440

Country

Hendry

6. Name and Address of Current Registered Agent

**TRAMMEL, VERSIE P
817 FLORIDA AVE
CLEWISTON FL 33440**

4. FEI Number

65-0625841

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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, 2005**

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	D	<input type="checkbox"/> Delete
NAME	THOMAS, ROSEZETTA	
STREET ADDRESS	1028 ARKANSAS AVE	
CITY - ST - ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAMMEL, HENDERSON	
STREET ADDRESS	817 FLORIDA AVE	
CITY - ST - ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAMMEL, VERSIE	
STREET ADDRESS	817 FLORIDA AVE	
CITY - ST - ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: **HENDERSON TRAMMEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-1-05

Daytime Phone #