

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90197 029 \*\*\*\*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*

3. Mailing Address

*P.O. Box 354*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Clewiston FL 33440*

City & State

*Clewiston FL*

4. FEI Number **65-0625841**

Applied For

Not Applicable

Zip

*33440*

Country

*FL*

Zip

*33440*

Country

*FL*

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. 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**

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 ☐ Delete  
NAME **D. THOMAS, ROSEZETTA**  
STREET ADDRESS **1028 ARKANSAS AVE**  
CITY-ST-ZIP **CLEWISTON FL 33440**

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

TITLE ☐ Delete  
NAME **D. 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  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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)(j), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)