

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

50 JUN 16 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000197

1. Corporation Name

LIGHTHOUSE CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

2044 LAKE SHORE BLVD
JACKSONVILLE FL 32210

2044 LAKE SHORE BLVD
JACKSONVILLE FL 32210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1996

5. FEI Number

59-3372601

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	STALNECKER, BETTY J	1627 WOFFORD AVE	JACKSONVILLE FL
VD	HANVEY, ED	8847 RICARDO	JACKSONVILLE FL
VD	WETZEL, RHONDA K Paradise, Rhonda K	2077 WATERS VIEW CIR 1627 Wofford Ave.	ORANGE PARK FL Jacksonville, FL
STD	STEED, PATRICIA A	11467 AVERY DR	JACKSONVILLE FL
			600002914926--1 -06/24/99--01101--006 ****306.25 ****306.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEED, PATRICIA A
11467 AVERY DR
JACKSONVILLE FL 32218

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Patricia A. Steed
REGISTERED AGENT MUST SIGN

Date 5-23-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/99

Date

904-757-2433

Daytime Phone #

CR2040 (9/98)