

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90032 015 \*\*\*\*\*70.00

0011631

**DOCUMENT # N96000000197**

1. Entity Name

**LIGHTHOUSE CHRISTIAN CHURCH, INC.**

Principal Place of Business

**2044 LAKE SHORE BLVD  
JACKSONVILLE FL 32210**

Mailing Address

**2044 LAKE SHORE BLVD  
JACKSONVILLE FL 32210****00027486**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3372601**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. 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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME STALNECKER, BETTY J ☐ Delete  
STREET ADDRESS 1627 WOFFORD AVE  
CITY-ST-ZIP JACKSONVILLE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD  
NAME HANVEY, ED ☐ Delete  
STREET ADDRESS 8847 RICARDO  
CITY-ST-ZIP JACKSONVILLE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD  
NAME PARADISE, RHONDA K ☐ Delete  
STREET ADDRESS 1627 WOFFORD AVE.  
CITY-ST-ZIP JACKSONVILLE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE STD  
NAME STEED, PATRICIA A ☐ Delete  
STREET ADDRESS 11467 AVERY DR  
CITY-ST-ZIP JACKSONVILLE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)