

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000001212

FILED
Nov 23, 2004
Secretary of State**Entity Name:** LIGHTHOUSE OF FAITH COMMUNITY CHURCH, INC.**Current Principal Place of Business:**755 LOVEJOY ROAD NW
FORT WALTON BEACH, FL 32548**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 193
MARY ESTHER, FL 32569**New Mailing Address:****FEI Number:** 59-3383791**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILLIAMS, STANLEY D
184 BAGGETT PLACE
FORT WALTON BEACH, FL 32548 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: WILLIAMS, STANLEY D
Address: 184 BAGGETT PLACE
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** DV () Delete
Name: WILLIAMS, BETHTINA Q
Address: 184 BAGGETT PLACE
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** S () Delete
Name: WILLIAMS, DAVID F
Address: 19 MCMILLAN ST.
City-St-Zip: HURLBURT FIELD, FL 32544**Title:** T () Delete
Name: HENSON, WANDA F
Address: 755 LOVEJOY ROAD NW
City-St-Zip: FT. WALTON BEACH, FL 32548**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA F. HENSON

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11/23/2004

Electronic Signature of Signing Officer or Director

Date