

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001433

FILED
May 01, 2004
Secretary of State

Entity Name: LIGHTHOUSE OF DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

743 CENTRAL AVE. S.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 459
APOPKA, FL 32704

New Mailing Address:

FEI Number: 16-1673947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERS, NATHANIEL JR
201 CADILLAC COURT
ALTAMONTE SPRINGS, FL 32701 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: TD () Delete
Name: SMITH, STEPHANIE
Address: 865 DARWIN DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: WHITE, NELLENA
Address: 1341 FOXFOREST CIR
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: SMITH, DUKE
Address: 865 DARWIN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: LEE, JIMMY
Address: 6019 GROVELINE DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: S () Delete
Name: WHITE, NELLENA
Address: 1341 FOXFORREST CIR
City-St-Zip: APOPKA, FL 32703

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:

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: STEPHANIE SMITH

TD

05/01/2004

Electronic Signature of Signing Officer or Director

Date