

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001433

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** LIGHTHOUSE OF DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

743 S. CENTRAL AVE.  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

743 S. CENTRAL AVE.  
APOPKA, FL 32703

**New Mailing Address:**

743 S. CENTRAL AVE.  
APOPKA, FL 32703 US

**FEI Number:** 16-1673947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WEATHERS, NATHANIEL JR  
743 SOUTH CENTRAL AVENUE  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

WEATHERS, NATHANIEL JR  
1433 FALCONWOOD COURT  
APOPKA, FL 32712 US

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:**

04/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** WEATHERS, NATHANIEL JR  
**Address:** 1433 FALCONWOOD CT.  
**City-St-Zip:** APOPKA, FL 32712

**Title:** VP  
**Name:** WEATHERS, PATRICIA  
**Address:** 1433 FALCONWOOD CT.  
**City-St-Zip:** APOPKA, FL 32712

**Title:** CFO  
**Name:** WOOTEN, BEVERLY  
**Address:** 1178 DEER LAKE CIR.  
**City-St-Zip:** APOPKA, FL 32712

**Title:** T  
**Name:** CURRY, MICHAEL  
**Address:** 15 PINE FOREST PLACE  
**City-St-Zip:** APOPKA, FL 32703

**Title:** D  
**Name:** WOOTEN, MANNIE E  
**Address:** 1178 DEER LAKE CIR.  
**City-St-Zip:** APOPKA, FL 32712

**Title:** S  
**Name:** HAMILTON, MARGARET  
**Address:** 6357 REDWOOD OAKS DRIVE  
**City-St-Zip:** ORLANDO, FL 32818

I hereby 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 all other like empowered.

**SIGNATURE:** NATHANIEL WEATHERS JR.

PCEO

04/17/2012

Electronic Signature of Signing Officer or Director

Date

**N96000001433**

**ADDITIONAL OFFICER INFORMATION**

**Document Number: N96000001433**

**Tracking number: 400229685864**

**Name And Address #7**

<b>Title</b>	D
<b>Name (Last, First, Middle, Title)</b>	DRAKE, DEBRA
<b>Street Address</b>	3441 HOLLOW OAK RUN
<b>City, State</b>	OVIEDO, FL
<b>Zip Code &amp; Country</b>	32766