

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90143 003 ****61.50

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1. Entity Name

LIGHTHOUSE OF DELIVERANCE CHURCH, INC.



80070248

Principal Place of Business
**743 CENTRAL AVE. S.
APOPKA FL 32703
US**

Mailing Address
**P.O. BOX 2044
EATONVILLE FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3352471**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIGH, RICHARD A
1801 LEE RD
360
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **WEATHERS, NATHANIEL JR.**
STREET ADDRESS **201 CADILLAC COURT**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **WEATHERS, PATRICIA**
STREET ADDRESS **201 CADILLAC COURT**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **SD** ☐ Delete
NAME **SMITH, STEPHANIE**
STREET ADDRESS **865 DARWIN DR**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **LEE, JIMMY**
STREET ADDRESS **6019 GROVELINE DRIVE**
CITY - ST - ZIP **ORLANDO FL 32810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **NELLEN WHITE**
STREET ADDRESS **APOPKA FL**
CITY - ST - ZIP **1341 FOXFOREST CIR 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ 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 report 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:

NATHANIEL WEATHERS JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-03

(407) 814-6800

Date

Daytime Phone #

CR2E037 (10/02)