

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002456 (9)

1. Corporation Name

MINISTERIO EL FARO, PALM BAY, INC./ THE LIGHTHOUSE MINISTRIES, PALM BAY, INC.

Principal Place of Business

Mailing Address

2696 ELM DR., N.E.
PALM BAY FL 32905

2696 ELM DR., N.E.
PALM BAY FL 32905

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MEDINA, WUANDA
2696 ELM DR., N.E.
PALM BAY FL 32905

3. Date Incorporated or Qualified

05/02/1996

4. FEI Number

59-3384690

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MEDINA, WUANDA
STREET ADDRESS 2696 ELM DR., N.E.
CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☐ DELETE

NAME ACEVEDO, SANDRA
STREET ADDRESS 2696 ELM DR., N.E.
CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☐ DELETE

NAME AMELIO, LORRAINE
STREET ADDRESS 1299 GRANDEUR ST., S.E.
CITY-ST-ZIP PALM BAY FL 32909

TITLE D ☐ DELETE

NAME ACEVEDO, SAMUEL
STREET ADDRESS 2696 ELM DR., N.E.
CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☐ DELETE

NAME PRINCIPE, EMMA
STREET ADDRESS 1871 PARRSBORO ST., N.W.
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ DELETE

NAME PRINCIPE, HERIBERTO
STREET ADDRESS 1871 PARRSBORO ST., N.W.
CITY-ST-ZIP PALM BAY FL 32907

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorraine Amelio Lorraine Amelio July 23, 1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Aug 26 1998 8:00am
Secretary of State



CR2E037 (5/98)