

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90096 001 \*\*\*140.00

0013696

**DOCUMENT # N96000002456**

1. Entity Name  
**MINISTERIO EL FARO, PALM BAY, INC./ THE LIGHTHOUSE MINISTRIES, PALM BAY, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>1905 WESTWOOD BLVD.<br/>         MELBOURNE FL 32901<br/>         US</b> | Mailing Address<br><b>1905 WESTWOOD BLVD.<br/>         MELBOURNE FL 32901<br/>         US</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>59-3384690</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MEDINA, WUANDA  
 1628 PALM PLACE DR. N.E.  
 PALM BAY FL 32905**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1900 Larch Circle N.E.  
 APT # 201**  
 City **Palm Bay** FL Zip Code **32905**

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.

SIGNATURE *Wuanda Medina*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                 |  |                                    |  |
|---------------------------------|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|---------------------------------|--|------------------------------------|--|

10. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete            |
| NAME           | <b>MEDINA, WUANDA</b>                               |
| STREET ADDRESS | <b>1628 PALM PLACE DR. N.E.</b>                     |
| CITY-ST-ZIP    | <b>PALM BAY FL 32905</b>                            |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> Delete |
| NAME           | <b>ACEVEDO, SANDRA</b>                              |
| STREET ADDRESS | <b>2696 ELM DR., N.E.</b>                           |
| CITY-ST-ZIP    | <b>PALM BAY FL 32905</b>                            |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete            |
| NAME           | <b>AMELIO, LORRAINE</b>                             |
| STREET ADDRESS | <b>1299 GRANDEUR ST., S.E.</b>                      |
| CITY-ST-ZIP    | <b>PALM BAY FL 32909</b>                            |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete            |
| NAME           | <b>ACEVEDO, SAMUEL</b>                              |
| STREET ADDRESS | <b>2696 ELM DR., N.E.</b>                           |
| CITY-ST-ZIP    | <b>PALM BAY FL 32905</b>                            |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Wuanda Medina* **SIGNATURE REQUIRED** **Jan. 8, 2002 (321) 432-1912**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)