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

FILED
May 21, 2003 8:00 am
Secretary of State
03-13-2003 90259 001 ***140.00

DOCUMENT # N96000002456

1. Entity Name
MINISTERIO EL FARO, PALM BAY, INC./ THE LIGHTHOU SE MINISTRIES, PALM BAY, INC.

Principal Place of Business	Mailing Address
1905 WESTWOOD BLVD. MELBOURNE FL 32901 US	1905 WESTWOOD BLVD. MELBOURNE FL 32901 US

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number 59-3384690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, WUANDA
1900 LARCH CIRCLE N.E
APT #201
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name: MEDINA, Wuanda
Street Address (P.O. Box Number is Not Acceptable): 1930 Academy St. NE.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rev. Wuanda Medina DATE: Jan. 5th, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEDINA, WUANDA 1628 PALM PLACE DR. N.E. PALM BAY FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wuanda I. Medina 1930 Academy St. N.E. Palm Bay, FL. 32905	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMELIO, LORRAINE 1299 GRANDEUR ST., S.E. PALM BAY FL 32909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACEVEDO, SAMUEL 2696 ELM DR., N.E. PALM BAY FL 32905	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sandra Acevedo 2696 Elm Dr. NE. Palm Bay, FL. 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. Sandra Acevedo, Sec. 2696 Elm Dr. NE. Palm Bay, FL. 32905	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Rev. Wuanda Medina SIGNATURE REQUIRED DATE: Jan. 5th, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #