

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003623

FILED
Apr 06, 2006
Secretary of State

Entity Name: LIGHTHOUSE FELLOWSHIP, INC.

Current Principal Place of Business:

1664 RIFLE RANGE ROAD
WAHNETA, FL 33880

New Principal Place of Business:

Current Mailing Address:

PO BOX 2963
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 59-3375947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, NORMAN
1816 6TH ST SE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COX, NORMAN
Address: 1816 6TH ST SE
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: BREWER, CHRISTOPHER
Address: 305 OVEROCKER CIRCLE
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: COLLINS, BRANDON
Address: 87 N. LAKESHORE DRIVE
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMAN COX

PAST

04/06/2006

Electronic Signature of Signing Officer or Director

Date