

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006093

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: LIGHTHOUSE ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

1201 S WAUKESHA ST  
BONIFAY, FL 32425 US

**New Principal Place of Business:**

**Current Mailing Address:**  
P O BOX 656  
BONIFAY, FL 32425 US

**New Mailing Address:**

FEI Number: 59-3513712      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRESLEY, MICHAEL F  
11316 CO. HWY. 3280  
BRUCE, FL 32455 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: TR ( ) Delete  
Name: ROACH, FLORENCE  
Address: 1212 BETHEL  
City-St-Zip: BONIFAY, FL 32425

Title: TR ( ) Delete  
Name: PAYNE, VERNELL  
Address: 2177 S. WEEKS STREET  
City-St-Zip: BONIFAY, FL 32425

Title: PD ( ) Delete  
Name: PRESLEY, MICHAEL F  
Address: 11316 CO. HWY. 3280  
City-St-Zip: BRUCE, FL 32455

Title: ST ( ) Delete  
Name: PRESLEY, REGINA B  
Address: 11316 C. HWY 3280  
City-St-Zip: BRUCE, FL 32455

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL F. PRESLEY

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date