

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90018 033 ****70.00

DOCUMENT # N97000001060

1. Entity Name

BIBLEWAY LIGHTHOUSE CHURCH OF CHIPLEY, INC.



Principal Place of Business

Mailing Address

1043 HWY 90 E
CHIPLEY FL 32428
US

PO BOX 53
CHIPLEY FL 32428
US

2. Principal Place of Business

3. Mailing Address

1043 Hwy 90 E
Suite, Apt. #, etc.

P.O. Box 53
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Chipley FL

Zip

32428

Country

Washington

City & State

Chipley FL

Zip

32428

Country

Washington

4. FEI Number

59-3432080

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, LLOYD G
1578 HIGHWAY 90 WEST
CHIPLEY FL 32428

Name

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

City

FL

Zip Code

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

Lloyd G. White

3-29-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD
NAME WHITE, LLOYD G
STREET ADDRESS 1578 HIGHWAY 90 WEST
CITY-ST-ZIP CHIPLEY FL 32428 ☐ Delete

TITLE VDST
NAME WHITE, ONA F
STREET ADDRESS 1578 HIGHWAY 90 WEST
CITY-ST-ZIP CHIPLEY FL 32428 ☐ Delete

TITLE D
NAME WHITE, STEPHEN R
STREET ADDRESS 4847 FLYNT DR.
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE D
NAME WHITE, OA
STREET ADDRESS 5091 SPRING POND RD.
CITY-ST-ZIP CHIPLEY FL 32428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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: Ona F. White ONA F. WHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04 (850) 638-4878

Date

Daytime Phone #