

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90003 031 ****61.25

0066599

DOCUMENT # N97000001140

1. Entity Name

ONENESS PENTECOSTAL LIGHTHOUSE, INC.

Principal Place of Business

Mailing Address

C/O SALLY L. DAVIS
 3312 17TH ST W
 LEHIGH ACRES FL 33971

C/O SALLY L. DAVIS
 3312 17TH ST W
 LEHIGH ACRES FL 33971

2. Principal Place of Business

103 JOEL BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

City & State

4. FEI Number

65-0716574

Applied For

Not Applicable

Zip

33936

Country

LEE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, SALLY L
 3312 17TH ST W
 LEHIGH ACRES FL 33971**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **SMITH, RONALD J SR**
 STREET ADDRESS **3705 16TH ST W**
 CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **D** ☐ Delete
 NAME **MULLIN, MOLLY A**
 STREET ADDRESS **500 W BOUGANVILLEA**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **D** ☐ Delete
 NAME **DAVIS, SALLY L**
 STREET ADDRESS **3312 17TH ST W**
 CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **STD** ☐ Delete
 NAME **BRYANT, SHIRLEY A**
 STREET ADDRESS **3312 17TH ST W**
 CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **D** ☐ Delete
 NAME **MULLIN, JOSEPH B.**
 STREET ADDRESS **671 CITRUS STREET**
 CITY-ST-ZIP **LABELLE FL 33975**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

SIGNATURE REQUIRED

2/4/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)