

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001140

1. Entity Name
ONENESS PENTECOSTAL LIGHTHOUSE, INC.

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90048 046 ****61.25

Principal Place of Business
**103 JOEL BLVD
LEHIGH ACRES FL 33936**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 237 JOEL BLVD		3. Mailing Address	
Suite, Apt. #, etc. SUITE 105		Suite, Apt. #, etc.	
City & State Lehigh Acres FL		City & State	
Zip 33936	Country LEE	Zip	Country

4. FEI Number 65-0716574	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RONALD J SR 3705 16TH ST W LEHIGH ACRES FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLIN, MOLLY A 500 W BOUGANVILLEA LEHIGH ACRES FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, SALLY L 3312 17TH ST W LEHIGH ACRES FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRYANT, SHIRLEY A 3312 17TH ST W LEHIGH ACRES FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLIN, JOSEPH B. 671 CITRUS STREET LABELLE FL 33975 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

900700 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/02
Date

941-369-8155
Daytime Phone #

CR2E037 (9/01)