

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N97000001140**

1. Entity Name  
**ONENESS PENTECOSTAL LIGHTHOUSE, INC.**



Principal Place of Business  
**C/O SALLY L. DAVIS  
3312 17TH ST W  
LEHIGH ACRES, FL 33971 US**

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



04032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0716574**

Applied For  
Not Applicable

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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                        |
|----------------|------------------------|
| TITLE          | D                      |
| NAME           | SMITH, RONALD J SR     |
| STREET ADDRESS | 3705 16TH ST W         |
| CITY-ST-ZIP    | LEHIGH ACRES, FL 33971 |
| TITLE          | D                      |
| NAME           | MULLIN, MOLLY A        |
| STREET ADDRESS | 807 DENIS AVE N        |
| CITY-ST-ZIP    | LEHIGH ACRES, FL 33971 |
| TITLE          | D                      |
| NAME           | DAVIS, SALLY L         |
| STREET ADDRESS | 3312 17TH ST W         |
| CITY-ST-ZIP    | LEHIGH ACRES, FL 33971 |
| TITLE          | STD                    |
| NAME           | BRYANT, SHIRLEY A      |
| STREET ADDRESS | 3312 17TH ST W         |
| CITY-ST-ZIP    | LEHIGH ACRES, FL 33971 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

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04/23/08-80062-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SALLY L DAVIS, Director**

**Apr 7, 08**

Date

Daytime Phone #