2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001140

FILED Jan 06, 2009 Secretary of State

Entity Name: ONENESS PENTECOSTAL LIGHTHOUSE, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O SALLY L DAVIS C/O SALLY L DAVIS 719 RICHMOND AVENUE N. 3312 17TH ST W LEHIGH ACRES, FL 33971 US LEHIGH ACRES, FL 33972 US **Current Mailing Address:** New Mailing Address: C/O SALLY L. DAVIS 3312 17TH ST W LEHIGH ACRES, FL 33971 FEI Number: 65-0716574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, SALLY L 3312 17TH ST W LEHIGH ACRES, FL 33971 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMITH, RONALD J SR Name: Name: 3705 16TH ST W Address: Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: MULLIN, MOLLY A Name: MULLIN, MOLLY A Address: 807 DENIS AVE N Address: 4209 16TH STREET W. City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: LEHIGH ACRES, FL 33971 Title: () Delete Title: () Change () Addition DAVIS, SALLY L Name: Name: Address: 3312 17TH ST W Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: Title: STD () Delete Title: () Change () Addition Name: BRYANT, SHIRLEY A Name: Address: 3312 17TH ST W Address: City-St-Zip: LEHIGH ACRES, FL 33971 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: SALLY L. DAVIS D 01/06/2009