

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



FILED

98 OCT 23 AM 10:00

SECRETARY OF STATE
STATE OF FLORIDA



DOCUMENT # N97000001715 (8)
1. Corporation Name
APOSTOLIC LIGHTHOUSE OF ST LUCIE COUNTY, INC.

Principal Place of Business: 407 W FLORIDA AVENUE FT PIERCE FL 34950
Mailing Address: 407 W FLORIDA AVENUE FT PIERCE FL 34950

3. Date Incorporated or Qualified: 03/24/1997
4. FEI Number: 65-0756157
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 407 FLORIDA AVE, 22 Suite, Apt. #, etc.
2a. Mailing Address: 26 407 FLORIDA AVE, 27 Suite, Apt. #, etc.
23 City & State: FORT PIERCE, 24 Zip: 34950, 25 Country: St. Lucie
28 City & State: FORT PIERCE, 29 Zip: 34950, 30 Country: St. Lucie

9. Name and Address of Current Registered Agent
MCCLLOUD, ROBERT D
407 W FLORIDA AVENUE
FT PIERCE FL 34950

10. Name and Address of New Registered Agent
81 Name: ROBERT D MCCLLOUD
82 Street Address (P.O. Box Number is Not Acceptable): 407 FLORIDA AVE
83
84 City: FORT PIERCE, FL, 85 Zip Code: 34950

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.
SIGNATURE: ROBERT MCCLLOUD, DATE: 9/27/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	KAREN S. MCCLLOUD			<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DALE C. ANDERSON			<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	JAMES BRADY			<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VICE PRESIDENT	MILDRED E. MCCLLOUD	2010 NELSON AVE.	LOUISVILLE, KY 40216	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
SECRETARY/TREASURY	TRENA MCCLLOUD	3349 FRANKFORD ST.	PORT ST. LUCIE, FL 34958	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
VICE PRESIDENT	ROBERT D MCCLLOUD	3349 FRANKFORD ST.	PORT ST. LUCIE, FL 34953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 9/27/98 DAYTIME PHONE #: 561-462-1752

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